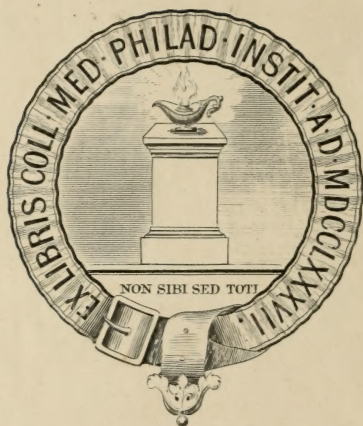





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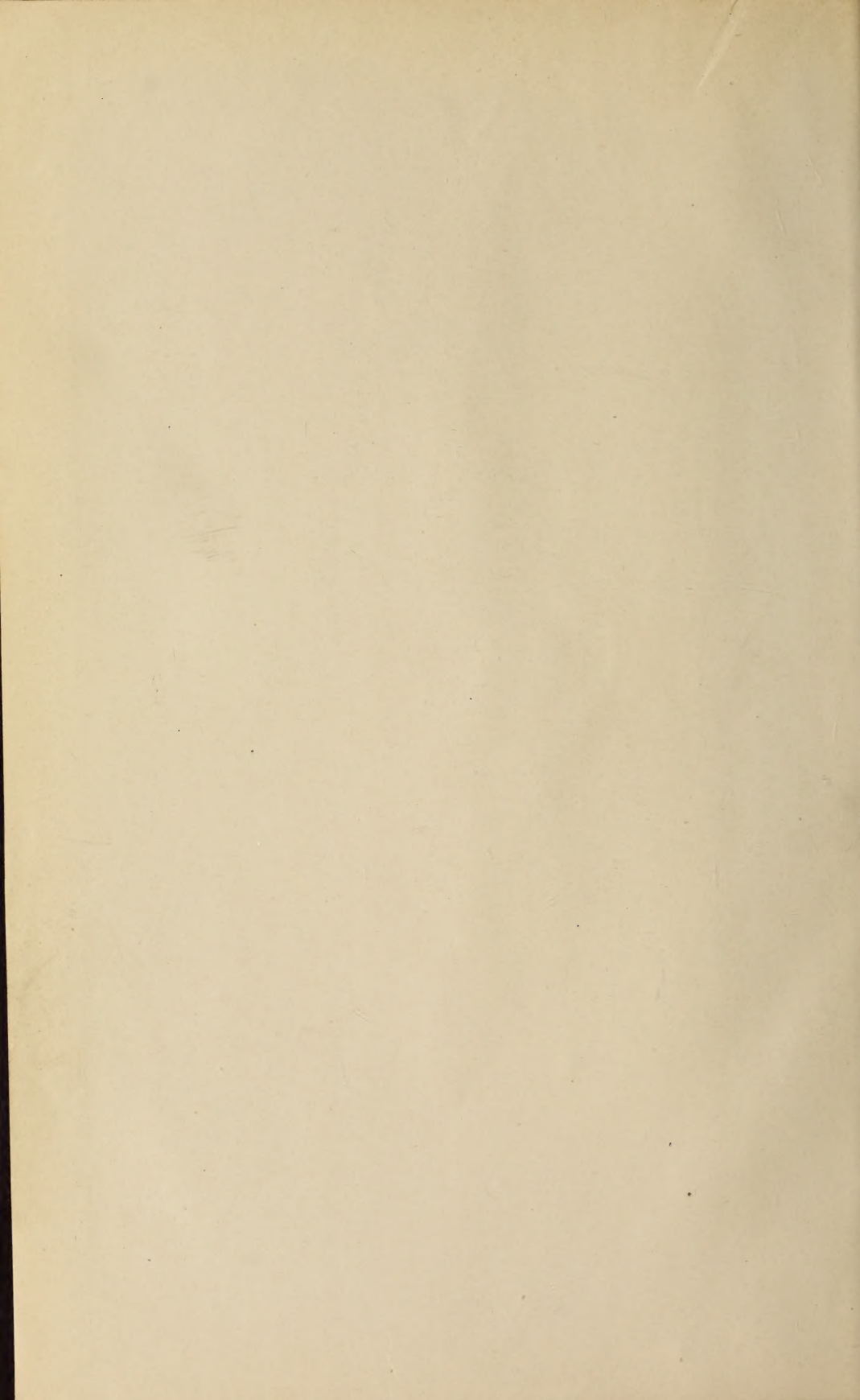
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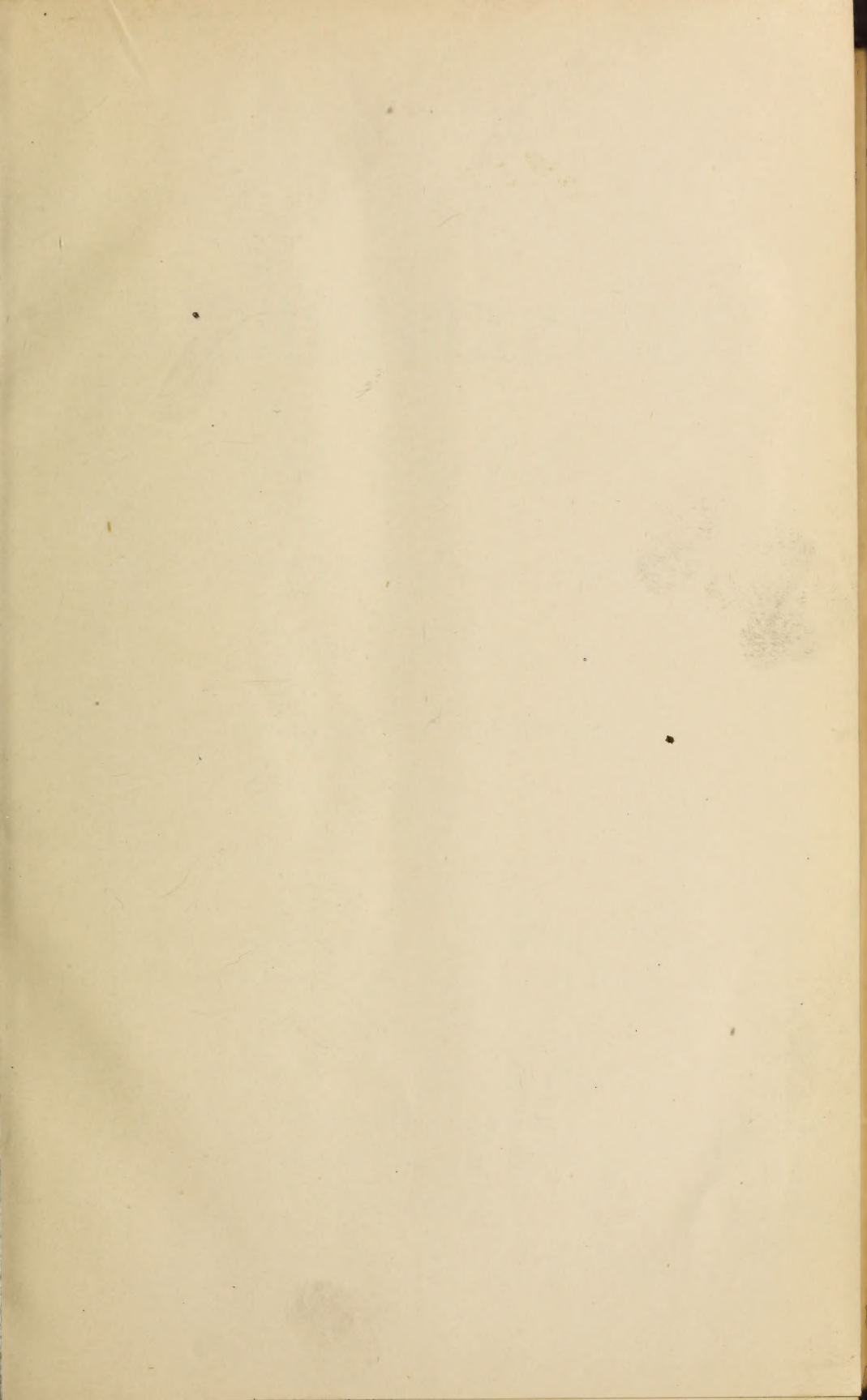
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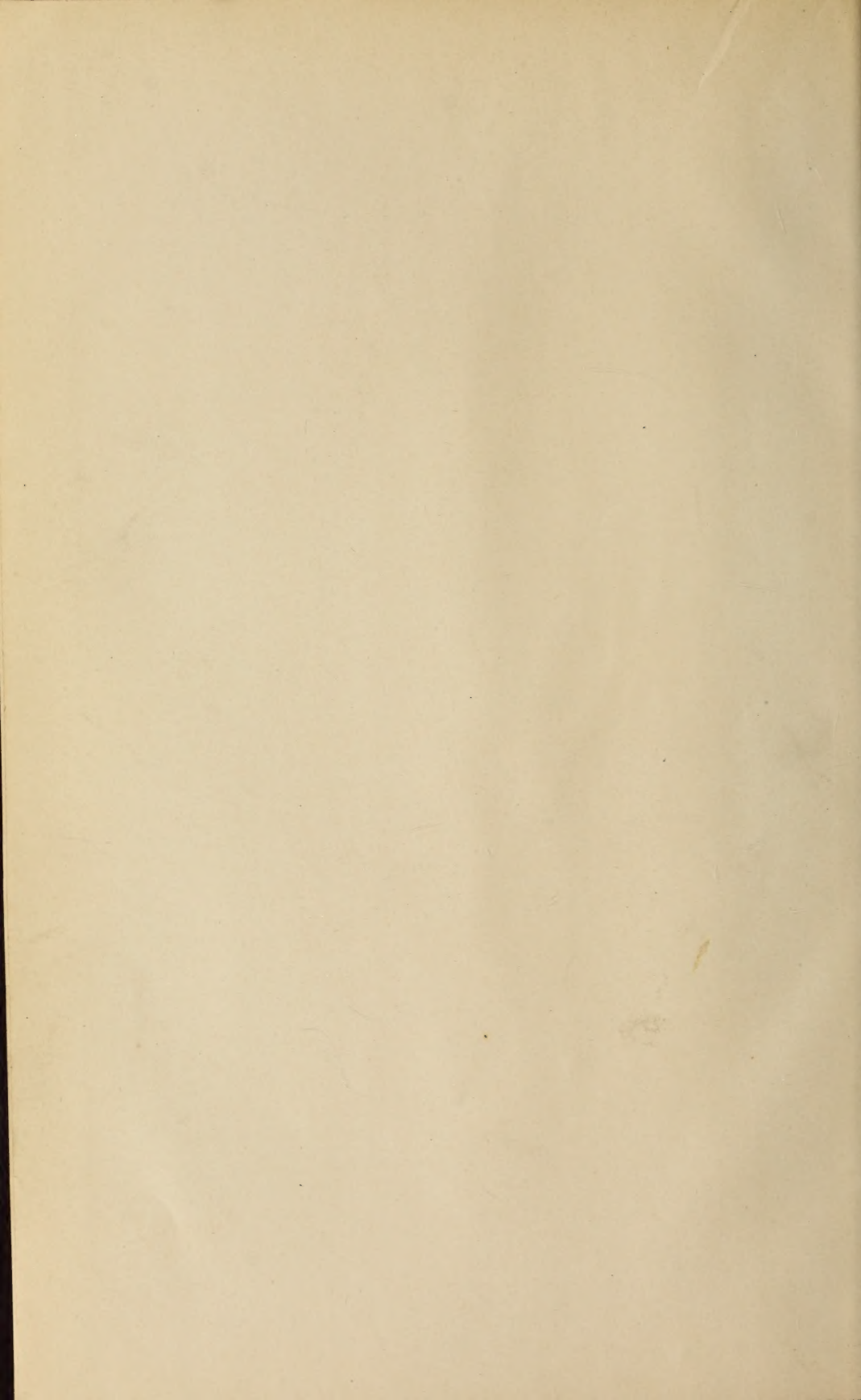
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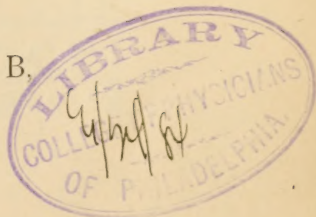
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SCROFULA AND ITS RELATION TO TUBERCULOSIS.

(Read before the Hering Club, October, 1883.)

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

NOTHING in the domain of pathology has been the subject of more conflicting opinions than the nature of scrofula and its relation to tuberculosis. Assertions on the one side, contradictions on the other, have been the result of my closest inquiry, a pathological chaos. This unfortunate state of affairs is comprehensively pictured by Frederick Treves, of England, who thus defines it: "Since tubercle was first described, its fortunes and those of scrofula have been linked together. In all its changes, in all its losses, in all the false positions into which it has been thrust, first by one pathologist, and then by another, scrofula has had a share. Scrofula at one time posed as a tubercular process, tubercle at another has been described as a scrofulous process. Once more, the two conditions have been quite distinct, and have even been antagonistic; and lastly, they have been identical with no line of separation between them. The very term 'tubercle' has experienced a violent series of fluctuations. It has been applied first to one appearance and then to another; its limits have been terribly curtailed; vaunted specific features have one by one been removed from it, until it must be owned that the tubercle of to-day is but a poor and bald affair, as compared with the tubercle of the time of Lennec."

What then is tubercle? Is it a nucleated or a non-nucleated nodule? Does it contain molecular granules or not? Pathologists of equal ability differ; one tells us it consists first of gray matter which gradually degenerates into yellow; on

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the other hand, Robin says the gray matter is not properly tuberculous, but is a cytoblast; Virchow says that it is a metamorphosis of a cell, and not a new growth at all; while Herard and Cornil say that only the miliary, transparent and opaque granular matters are really tubercles.

With which of these forms of tubercle, then, is scrofulosis identical, to say nothing, of course, of the late discovery of Koch, who maintains that the bacilli met with in the tubercular material are not accompaniments of the tubercular process, but the cause thereof, and that we possess in the tubercle-bacilli the actual tubercular virus. These novel views, as soon as expanded, found both adherents and opponents—the same sad repetition of what came to pass with other bygone theories; always the same want of individual thought; the same promptness in accepting or rejecting unweighed testimony; the same proclivity to hold to our already formed impressions.

Dr. Formad, who last winter lectured on consumption at the Franklin Institute, declared the alleged discovery of Koch one of the greatest scientific humbugs of the day, denying that phthisis is in the least contagious or infectious; and, strange to say, the same Formad announced that evening the discovery by himself, of the structural difference between scrofulous and non-scrofulous persons.

Spina, of Vienna, Gregg, of Buffalo, and others also refute Koch's theories. Still the *Medical Times and Gazette* gives place to a report made by Balmer and Fraentzel, in which are communicated the results of observations upon 120 cases where the sputa were examined and showed bacilli. "It is claimed that not only does the bacillus, thus discovered, clinch the diagnosis of phthisis, but the characters of the lowly organisms are a guide to the sort of case and to the prognosis. Where the find of bacilli is large, and the organisms are well developed, we are concerned with a severe case of tuberculosis, and the prognosis is proportionately bad. The number of bacteria detected in the tubercular sputa of an individual case is not constant; it waxes and wanes with the disease, being more numerous when the destructive processes are at their worst, and reaching its maximum *sub finem vite*."—*Berl. Klin. Wochen.*, 45.

This new intruder (the bacillus) has obviously come to increase the confusion, which may last, at least, until we know something more positive about the subject.

In order to describe better this lamentable condition, it is proper to add, that before tubercle was known, the term *scro-*

fula was employed first solely to designate ganglionic tumefactions of the neck, suppurating ganglions, etc. Later, all ganglionic alterations were included under this category, and then superficial changes in the skin and mucous membranes.

In this state of uncertainty and confusion, are we to accept the forced identity of the two affections, or any mere theory of the kind, unless it be first demonstrated to be true and to be relied upon to the extent of being safely carried into practice? If scrofulous glands caseate without developing any tubercle, upon what ground are we to consider this a pre-tubercular state which has run short of that condition? And if caseous masses sometimes remain in an immature state, never reaching complete structural change, how much is it going to benefit us to know the peculiar structure of this nodule, with its fairly rounded outline, its typical cellular zones, its giant and embryonic cells, and its non-vascular district?

Instead of indulging in such fruitless theories, would it not be much better to study the soil which bears such bad fruit, and by means of hygienic and therapeutic measures improve the faulty nutrition that, grafted on the constitutional weakness, seems to be at work here?

If, when once in progress, we cannot arrest the formation of tubercles or promote their absorption, what great benefit can we derive from learning, at the post-mortem, the havoc they have caused, and the possible manner in which it was accomplished? Can the knowledge thus acquired help us in solving the therapeutic problem? Could not what we then see as well be a post-mortem product, or a change during the process of death? Or is it possible to follow, during life, the evolution of tubercular growth?

I admit that at this final stage with the aid of the microscope, and even without it, we may learn something about the constitution and variety of tubercles as they then appear, and even find vestiges, which may make us infer that they waste, calcify, etc.; but, nevertheless, we are no wiser with our next case than before. And to prove how cheap talking is sometimes, we need only compare the mortality tables of the last twenty years, which plainly show the decrease of what was formerly called scrofula, and the steady increase of tubercular phthisis, at present the greatest destroyer of human life. We seldom find to-day persons marked by scrofula, while there is hardly a physician who is not daily called upon to treat cases of tubercular disease. We read much of tubercle, we hear of its evolution, of its low form, of its behavior, etc. But can any one be sure of even mitigating its terrors?

Far be it from me, though, to decry anything that will tend towards the most thorough elucidation of the subject; my object is simply to contend that there are not solid grounds upon which to base the identity of the two affections. Often mere theories are called, arbitrarily, facts; but on handling them they fall to pieces. This is an imposition to which physicians frequently submit.

And to show how great pathologists differ, I will quote a few paragraphs on the subject.

Lebert asserts that tuberculosis attacks the internal organs; scrofulosis the skin and periosteum.

Trousseau and Pidoux, speaking of the disagreement of iron with chlorotic conditions, say, that in tuberculous phthisis, iron generally does more harm than good, and that phthisis of scrofulous origin differs from the other in the slowness of its course, the less intensity of the inflammatory and reactionary symptoms, and especially in the greater tolerance of tonics and excitants.

Cornil gives a distinction between scrofulous and tubercular processes. One runs its course and terminates in caseation without either giant-cells or tubercles, the caseous districts may finally soften, break down and suppurate; the other ends in tuberculization.

Friedländer insists that tubercles are also found in old non-scrofulous ulcers, as of the cervix uteri, in syphilitic sores, etc.

Bouchut, Hughes and Wilshire believe that the scrofulous diathesis may exist without tuberculizations.

Cohnheim maintains the existence of a specific virus in tubercle, which he has recently compared to that of syphilis.

H. C. Wood and Formad are said to have produced tuberculization by inoculation with diphtheritic matter.

Flint speaks of the cervical gland as showing us the changes which go on in tubercle, still he admits that the latter is often deposited independently of inflammation. (No cervical gland ever enlarges without inflammation.)

Sanderson and Fox, of England, and Dr. Waldenburg, of Berlin, assert that the scrofulous diathesis, in which there is a tendency to inflammations of a low type, gives rise, under some circumstances, to tuberculosis; and local inflammatory affections of a chronic nature are specially prone to be followed by tubercular disease.

Clarke designates scrofula as a constitutional affection, of whose essential nature we are ignorant, but which evidently depends upon a deficient or depraved nutrition.

Hartshorne, when speaking of the identity of tuberculosis and scrofulosis, says, that a constitutional tendency, diathesis or cachexia is generally understood to lie beneath all such local manifestations of disease.

Treves maintains that many scrofulous glands caseate without developing any tubercle, but that, in the process that precedes such caseation, one recognizes a state that is at least preliminary to the formation of the nodule, a pre-tubercular state as it may be termed.

In the course of a discussion on the subject of scrofula and tuberculosis in 1881, in the Société Médicale des Hôpitaux, M. Rendu concluded his remarks with the following statements:

1. The so-called tuberculosis nodule is not a specific element; it is found in a number of accidental neoplasmata.
2. Scrofula is a true diathesis, characterized by a series of variable manifestations upon which it impresses a special physiognomy.
3. Tuberculosis, on the contrary, is not a diathesis; it presents itself with the aspect of the parasitic diseases, always ready to germinate when the organism becomes debilitated.
4. The relations of scrofula and tuberculosis are nothing more than those of seed and soil; scrofula is the soil, tuberculosis the parasitic germ.

Struma, says Fothergill, is essentially a disease of hyperplasia of connective tissue, a growth, in excess, of cells of inferior quality. The enlarged glands, the thickened epiphyses of the long bones; what are they but hyperplasia of elements found there normally? The neoplasm is an inferior or degraded form of cell life; nothing strictly new. In tubercle, there is a growth of lowly cells along the course of the tiny arteries. These imperfect cells crowd upon each other, and if this crowding goes so far as to press upon the nutrient arterioles, then there is danger of their death, of molecular necrosis. Thus, tubercle softens, breaks down and is expectorated. If the crowding of these imperfect cells in a gland passes a certain point, the gland structure breaks down into a scrofulous abscess.

In his *Maintenance of Health*, page 49, we also read the following: "Rapid growth is a great tax upon the system, the more so that it is not unseldom accompanied by loss of appetite, and even a feverish condition. Under these circumstances, the growth goes on at the expense of the material of the body; hence the listlessness, the rapid emaciation, the ten-

dency to disease. Tubercle, which is really a lowly form of tissue, a degraded growth indeed, hangs around, ever threatening the period of evolution. The mere presence of the tubercle would not so much matter, if it only remained quiet and gave rise to no disturbance. But unfortunately it is too frequently of too low a form to permit of organization, and undergoing a process of gradual death, particle by particle, it acts like a foreign body, and causes general constitutional disturbance, often, indeed, amounting to severe hectic fever; it softens from its centre, while around it there is ulceration, and if this opens up an exit, as when an air-tube is perforated, the tubercular material finds its way out, and healing of the cavity may, and not unfrequently does follow. Often, however, death results. But tubercle is nothing unique or new; it is merely an alteration of normal nutrition, to which, however, some families are infinitely more liable than others. Under proper care and supervision, many children of what are called consumptive families survive growth and reach old age, but much more frequently members of healthy families succumb to tubercle as a consequence of neglect of trivial complaints, or of the commonest laws of health. No one, almost, can feel any certainty that he or she may not some day become the subject of tubercle any more than that they are secure against bronchitis. The sooner the old views of tubercle, as a something peculiar and special, are done away with, the better for all of us."

Erroneous views, says this great authority, are the chief obstruction to the spread of truth. And we all know how much easier it is to hold our already formed impressions, than to take the trouble to weigh a matter and see how unsound the old view is, and, therefore, the necessity for abandoning it. It, moreover, demands individual thought, which is very unpopular nowadays.

And finally it has even been asserted by men of standing, that in the scrofulous glands, the change commences in the connective tissues of a part, and is a true interstitial adenitis, whereas, in the tubercular gland it commences in the lymphatic vessels and sinuses, and is a species of catarrh.

It would be impossible in the brief space allotted to my paper to examine all the various opinions which have been enunciated; if there were time, I could go on giving an endless amount of views of the most contradictory nature.

Great pathologists are at variance as to the nature of scrofulosis, and there are men in our school who ridicule Hahne-

mann's exposition of chronic systemic miasms. Is one theory better than another? Do assumptions, conjectures, and fluctuations in regard to the subject, deserve more consideration than Hahnemann's views? Quite the contrary, for Hahnemann's theories, no matter how inconsistent they may seem with our present knowledge, or how erroneous in some of their details, have been, in great measure, verified in practice. Who can deny our success, in not only modifying, but in entirely removing depraved systemic habits, or errors of development and nutrition, by means of our therapeutic remedies? Gentlemen, these are not speculations, but facts.

I am not aiming at a controversial argument, neither is it my object to prove whether Hahnemann was right or wrong. Seek and study the subject as much as you please, you will still find nearly every authority looking after something which, thus far, has eluded every means of investigation. Is it then to be wondered that the relation of scrofula and tuberculosis is yet the subject for lengthy dispute, from both a clinical and a pathological standpoint? So closely are these subjects bound together, that it would be impossible to speak to-day of one without dealing at the same time with the other. Under the name of tendency, habit, constitution, diathesis or cachexia, writers try to explain this something, this unknown but admitted entity, the cause of strumous and tubercular phenomena, and their own assertions furnish us abundant reasons to believe that after all Hahnemann was not far from right when he expanded his views about chronic miasms. Views which, as said before, may be too general, and be even erroneous in some of the details, but we have to admit that he has gone further than any in the practical solution of the problem, bequeathing us a knowledge which has already borne plenty of good fruit (§§ 77, 78, 79, 80, 81, 204, 205 and 206 of the *Organon*).

Enough has been said to show the chaotic state in which the subject is found; consequently, I think that any one who deals practically with human suffering has the right to emancipate himself from theories, so long as these remain unproved. Hence, I venture the following conclusion: That between scrofulosis and tuberculosis there is only a coincident association, and that the first is a cause of the latter, or lends weight to its occurrence when certain efficient causes are at work to induce it. It has, true enough, a marked affinity with tuberculosis, but only because both are intimately connected with debility, or that inherent low vitality of the tissues which Jac-

coud has called constitutional dystrophy. Consequently, in childhood, as in youth, scrofula constitutes a first-class indication, which should always keep us in solicitude. If scrofula is still active when the patient reaches the age of predilection for phthisis, our treatment should be prophylactic. In such cases we can infer that scrofula has merged imperceptibly into tuberculosis, or becomes so blended with it, that the two constitute, apparently, one evil, without a rigid line of demarcation. It is then that we can consider scrofula the causative element, but never a phase of tubercle.

And again, when scrofula has exhausted its manifestations, and is cured before the age when tubercle may develop, the situation is then more favorable; but, however, before indulging in hopes of complete security, it is necessary to consider the mode, or rather the degree of the healing. It can be total without relics of any sort, and in this case if the constitutional state of the patient is also satisfactory, the condition is really good, it does not impose any special obligation regarding the prophylaxis of tuberculosis. But often the healing is rather relative than absolute. Scrofula as an active process is cured, still it has left relics more or less numerous under the form of ganglionic and other tumors, and others which, although quelled and indolent, make the condition a threatening one. The tubercular deposit is rendered more probable because of the special danger from these tumors, in which the inflammatory products have undergone caseous degeneration. This peril has been called by Jaccoud tuberculous autoinfection. This secondary infection, which seems, in certain measure, to justify the theory of the generation of tuberculosis by scrofula, results from the more or less active reabsorption that takes place in persisting centres of scrofulous deposits, the lymphatics and the veins being the channels of infective diffusion. These caseous relics of healed scrofula being the efficacious cause of eventual tuberculosis, become a positive indication of the necessity of prophylactic treatment, treatment directed to effect the resolution of these centres of disturbance, which at any time, and even after a long period of inertia, may become phymatogenic.

This affinity of the two affections is what we should keep constantly before us in dealing with scrofulous subjects, but to try to explain their relationship otherwise is indeed presumptuous.

Some writers speak of scrofulosis and tuberculosis conjointly! as if the former was the initiaiment, the latter the realization

of one disease. Scrofulosis, the prodromic stage, as it were; tuberculosis, the final result. Among those who deny the identity of the two, we find also some admitting that at times it is almost impossible, even by abstract reasoning, to separate them. According to Aitken, to determine whether similar maladies are identical, four things are essential to be known: 1. A knowledge of the causes; 2. A knowledge of the symptoms; 3. A knowledge of the effects of the remedies; 4. A knowledge of the morbid appearances. The assertion is logical enough, but who is the pathologist that will give himself the trouble to thus weigh matters, or give up his preconceived ideas or impressions?

With what pride then may we not look to homœopathy. While a part of the medical world wanders after *ignes-fatui*, the law of the *similars* continues and will continue to do its work accurately, judiciously, successfully. Histological demonstration and discoveries can never arrest its progressive march; on the contrary, they may bring it into greater prominence.

In support of my conclusions, I repeat the following incontestable facts: Tubercle is often deposited independently of inflammation. An enlarged cervical gland is a hyperæmic and always an inflamed gland; first it becomes sore, then red, and finally suppurates. Tubercle appears under the most inexplicable conditions. It may be developed without any preliminary warning of changes in condition and constitution, so far as we know. Scrofula is necessarily of self-development; no one becomes scrofulous suddenly; we know its mode of causation, we understand how it has gradually become so extended. Tubercle may be developed in any one during the progress of a disease; and any one may become tuberculous at once. So slow is the course of scrofula, that some authorities believe that it is never developed in one generation. Besides all this, the steady increase of tuberculosis and the marked decrease of scrofula, add weight to these conclusions.

POST-DIPHTHERITIC CARDIAC PARALYSIS.

BY S. LILIENTHAL, M.D. NEW YORK.

(Case read before the N. Y. Medico-Chirurgical Society.)

AGNES C., a hale and hearty girl of 12 years, reared in the country by healthy parents, came to the city of New York about four months ago, and entered as a pupil one of our best public schools, where she soon received the medal for

assiduity in her studies and good deportment. The parents resided in an apartment-house, and inhabited large and well-ventilated rooms.

Sunday, October 14th, I was requested to visit Agnes on account of a sore throat, of which she had already complained for a few days. I found a patch of chamois-leather density on the right tonsil, some difficulty in swallowing, but desire for food: not a trace of fever, no headache, no malaise, no prostration, the child lively and up. *R.* *Phytolacca* 3d.

October 16th. Exudation spread over velum to left side, foul breath, considerable lividity of the still unaffected parts of the mucous membranes of the mouth and fauces; exudation tough, greenish-yellow, and firmly adherent, spreading upwards into posterior nares, and producing nasal speech; swollen glands around neck, especially on right side, the part first affected. We felt now convinced that we had to deal with a clear case of genuine diphtheria (probably contracted in school). Gargling and spray with diluted Alcohol was ordered and internally Bichromate of Potash in alternation with Protoiodide of Mercury. As there was neither fever nor prostration, I preferred the Iodide to the Cyanide of Mercury. We could not fail noting that there was a foul, musty odor in the passages of the house (the servants in the house acknowledged that in the morning the odor is very disagreeable), which necessarily penetrated the rooms notwithstanding careful ventilation, and disinfectants were therefore freely used in the apartments.

The diphtheria took its regular tedious course, and the daily visits from October 17th to November 3d showed that the treatment was effective; the exudation gradually disappeared, partly by absorption, partly by discharge through the mouth and nose, so that by November the mucous membranes had regained their natural color, and, as she had been well-fed all the time, her strength had not been more wasted than could be expected after such a tedious disease. We left her cheerful and bright Saturday, November 3d, and promised to call again Monday; we also begged to be notified if anything untoward should happen.

How things had changed when we visited our darling patient Monday at an early hour! The father, as usual, had gone down town to his office, the watchful mother was pleased with the good night's rest (Agnes enjoyed her sleep all through her sickness), and the child seemed to relish her usual breakfast, milk-toast and milk, which she used to

take by the tumblerful, when suddenly vomiting and some purging set in with perfect collapse. We just entered about this time, and found our patient perfectly conscious and quiet, with icy-cold extremities, filiform pulse, heart's action weak, irregular, tremulous, a clean tongue, no headache, no difficulty in breathing, no pain anywhere. The pathological question was, whether this sudden attack is a septic endocarditis, running its insidious course without subjective or objective symptoms, or, whether, as seemed more probable, we had before us a paretic state of the heart; and stimulant treatment was clearly indicated and faithfully carried out. We knew for the moment no better remedies than Carbo veg., Arsenicum, Veratrum album, and hoped most from Digitalis to brace up that weakened heart. They all disappointed us, Laurocerasus, Lachesis, all failed! The nights were perfectly fearful, and as the child was so much afraid to go to sleep, we changed to a high potency of Lachesis, which procured some rest, but showed no influence on the heart's action. Notwithstanding the paretic state of the velum (nasal speech) the child swallowed easily, and took her stimulant and nourishment without the least difficulty. The night from the 7th to the 8th was the same restless night; towards morning she quieted down, fell into a slumber, and passed away without any struggle.

The questions which we would put before the Fellows are:

1. What is the cause of these palsies; for the time of septic poisoning had passed?
2. Why do they appear during convalescence, when the disease itself is apparently cured?
3. What treatment holds out the most promise, to keep away such threatening sequelæ?

It is very poor consolation to the conscientious physician that most authorities hold out so little promise; yea, that they agree on the hopelessness of such cases. Thus Henoeh, in his *Diseases of Children* (Wood's Edition, 290), says:

"Among all the symptoms of the severe form, none is so much to be dreaded as the tendency to paralysis of the heart, as shown by collapse. The pulse becomes more rapid, 160 and more, and weaker; the hands, feet, and cheeks cold; the skin and visible mucous membranes somewhat cyanotic, though the temperature does not always fall. Some children vomit during this condition, others are delirious, the majority lie in a comatose condition," etc.

The septic form must be strictly differentiated from that

paralysis of the heart which occurs after entire recovery of the local affection, and then, page 296, he acknowledges that "we are entirely powerless against diphtheritic collapse, whether it occurs at the onset in the severe form, or as an unexpected sequel. Camphor, Musk, large doses of wine, finally the application of electricity to the vagus—all are useless."

Meigs and Pepper, *Diseases of Children*, page 892, teach: "We must also allude to the occasional occurrence of sudden death, even in cases not of the gravest types. This dreadful accident appears to result from paralytic failure of the heart's action, or less frequently from the sudden formation of a heart-clot, and the fact that it may occur should call for the most careful attention to the avoidance of all exertion on the part of the patient. The symptoms of heart-clot are pain at the pit of the stomach; difficulty in respiration; extreme anxiety and restlessness; anxious expression, and depression of spirits; slight, dry, and rather spasmodic cough; the face being at some times livid, and the surface dry and inclining to be cool, with coldness of the extremities; pulse small and irregular, and in Armand's cases an abnormal murmur was detected in the heart; there was usually considerable dulness over the cardiac region; the respiratory murmur remained pure and quite full, and the chest normally resonant."

I felt rather astonished that Jacobi, in his *Treatise on Diphtheria*, does not mention paralysis of the heart as a sequela. He says, page 91: "The pathological changes in the heart produced by diphtheria are not always the same. Ecchymoses, cellular hypertrophy and granular degeneration have frequently been noticed after death, where the symptoms had been severe. The result, of course, is considerable weakness of its muscular tissue, evidenced by the formation of local thrombi; general sluggishness of the circulation, dyspnoea, muffled heart-sounds, a cool and pale skin, and sudden death, preceded by a very feeble and frequent, sometimes, however, by a very slow pulse."

In our case we could neither diagnose septic endocarditis, nor were there any symptoms indicating heart-clot, except, perhaps, the great restlessness, and the excessive dryness of the skin, for which sponging of the skin with alcoholized water was faithfully applied at least twice daily. As she in her last days complained of pain in the back, the urine was carefully examined, found acid, specific gravity about 23, though it contained some albumen, but not of great density. Microscope revealed a few hyaline casts, epithelial cells, urates, and here and there a leucocyte.

It may be perhaps a consolation to the physician that even a Morell Mackenzie acknowledges that death during convalescence most commonly results from paralysis of the heart, or of the muscles of inspiration, or from intercurrent disease of the lungs and pleura, or from general failure of nerve-force and exhaustion.

If, as it seems to me, the patient succumbed to an attack of paralysis of the heart, the question looms up, whether the treatment during the attack of diphtheritis was energetic enough. I acknowledge that in my therapeutics alcoholic stimulants take a very subordinate position, and I thought that by the spray and gargling, the young body gets a sufficient quantity of alcohol; in fact, I have carried many a case of typhoid fever safely through without a drop of alcoholic stimulant, relying solely on milk for sustenance. Some very good authorities insist on giving Tokay even in mild cases, and Jacobi (*l. c.*, p. 157) says that "in diphtheria there is more danger from giving too little than too much. In those cases in which the pulse is slow, together with a weak heart's action, the dose can hardly be too large. A three-year old child can comfortably take 30 to 150 grammes of Cognac."

This is error number one, though McNeil and others fail to speak of stimulants.

The second error consisted in not confining my patient to her bed from the start; but she had a perfect horror of being confined to her bed, she felt so strong otherwise; she slept well night after night, and thus, in my good nature, I allowed her to be up in her well-disinfected room. Ventilation was well cared for, and a bright open fire kept in her room.

My third error, coming in connection with the first error, may be considered that the patient probably did not receive nourishment enough, as swallowing is always more or less difficult (in our case less). Ought we not, even in apparently light cases, give food *per anum*? It will be absorbed, it will give strength, and stimulants might be added to the injection *pro re nata*, though many a patient, even grown persons, evince a perfect horror of such applications.

We learn more by our fatal cases than by hundreds whose cure is, perhaps, due to the *vis medicatrix naturæ*. Erring is human, to deal leniently with the erring, humane.

Case 2d.—Clarence M., 7 years old, delicate in health since he had scarlet-fever, when three years old, caught cold November 7th or 8th, probably from exposure, as the house his parents resided in was repainted and plumbers worked every-

where in it. Thus the child was, perhaps, a little neglected, being much in the street, and all around the house, and as he did not get any better, my services were requested November 10th, at noon. I saw him early in the afternoon, and found him suffering from a croupy cough, worse during inspiration, expiration easy. He looked rather pale; no fever, no thirst. At 9 P.M. I made another call, found him quietly in bed, breathing perhaps a little easier, and sleepy. His mother gave him during the night his medicine and nourishment, though he disliked to be disturbed every half hour. At 2 A.M. his mother found him quietly sleeping, and she hated to disturb him, as the breathing was not labored. The mother herself fell asleep for a little while, hardly half an hour, and when she awoke found that her boy had gone into that sleep which knows no awaking.

This case can hardly be considered a death from diphtheritic croup, nor was it similar to what Professor Jacobi calls misleading diphtheritic croup (*l. c.*, p. 143), where he says: "Without, or occasionally with an affection of the fauces (in our case all that could be seen was a white speck, of the size of a split pea, on the left tonsil), without general symptoms that would cause a feeling of anxiety in the parents, without more fever than one would expect in the slightest bronchial catarrh, without much dyspnoea and after symptoms of slight bronchial or tracheal catarrh, which have lasted a few hours or days, the little sufferers are most abruptly attacked with stenosis of the larynx. Within an hour or even less time they become cyanotic; tracheotomy affords but a slight temporary relief or none at all, and the entire process occupies but a very short space of time," etc.

In our case there was certainly no cyanosis, neither in life nor in death; dyspnoea was hardly marked enough to call it such, and the child did not succumb to cyanache maligna. If not, what was the cause of death? Was it also paralysis of the heart? In this case I was not prepared for the sudden extinction of life. Light, more light is needed, and let our men of large experience come forward and enlighten those who wish to learn how to treat such extreme cases.

In the discussion which followed the reading of the paper, the following remarks were made by some of the Fellows:

Dr. B.—In regard to feeding this class of patients, I must say that I received my medical education at a time when low feeding was the rule, and I still believe in it. I do not like

forced feeding; it does not the good intended by it. The great apathy against food shows that the powers of nature cease to struggle against the insidious enemy, and paralysis follows. This same apathy is also the cause of the analgesia. Though they may suffer pain, they do not complain any more. I feel always hopeful as long as a child will feed, and fear when the child only takes reluctantly the food and stimulants forced upon it. Such treatment may even hasten death. Quiet is another great aid to the cure, although in many cases the children run about all through the disease and get well. In one family two children were down with scarlatinous diphtheria, treated carefully by three physicians, and died; with the third child the father would have nothing to do any more with doctoring, and though it was a tough case, it recovered, though being constantly about the house. We have still to learn what quiet means; to use force is always injurious.

Dr. F.—We must look for the cause of the paralysis in the medulla oblongata; hence the fatality of such cases is more easily explained.

Dr. McM.—In giving food, the only question of importance is whether the food is retained and digested by the stomach or not. If no vomiting takes place, I favor feeding, and give a mixture of milk, egg, and brandy every quarter of an hour, in order to overcome the inanition and the anæmia. Though it may be abhorrent to the patients, they will take it, and thus in many a case we tide them over and give them a chance for recovery.

Dr. G.—In the cases recorded no treatment is of the least value; the lesion on the central nervous system is too overpowering.

In croupous diphtheritis sometimes a sudden spasm of the larynx may set in, and the patient succumb, though no labor in breathing has been previously observed.

COLOR-BLINDNESS.

DYSCHRMATOPSIA—ACHROMATOPSIA.

BY W. H. BIGLER, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

By color-blindness we mean an inability to *distinguish* colors. Many are unable to name the various colors presented to them, who are in no degree color-blind. Their chromatic sense may be entirely normal, but from want of education or

training they have not learned to attach the name to the color-sensation which they are perfectly capable of receiving, and hence may seem, on a superficial examination, to be color-blind.

The first positive case of color-blindness on record is that of a shoemaker of Maryport, in Cumberland, England, given in 1777 by a Mr. Huddart. In 1779 J. Scott reported his own case, and in 1794 we have the classical description of his own defect by the English chemist Dalton, from whence we have the term *Daltonism*. This is sometimes used as synonymous with color-blindness, although it should strictly speaking be applied only to red-blindness, which was the peculiar form of Dalton's defect.

This physical defect may be *acquired* or *congenital*. It may result from concussion of the eyeball; it may occur in hysteria or in pregnancy. Sanson observed a case in which it had been produced by overuse of the eyes in sorting colors. It accompanies the amblyopia resulting from the excessive use of alcohol and tobacco, and during santonine intoxication everything becomes yellowish or greenish, while violet and red become indistinct. Leber has found color-blindness an almost constant symptom in atrophy of the optic nerve, whether this is primary, dependent upon cerebral or spinal lesion, or secondary, consequent upon optic neuritis; also more or less in all cases of circumscribed central scotoma. There is no constant relation existing, however, between the amount of central vision and the degree of color-blindness. There may be an extensive central color scotoma with slight amblyopia, and marked amblyopia with no disturbance of the color sense at all. The form of the color scotoma is generally a horizontal oval. In syphilitic retinitis color-blindness is sometimes present and sometimes not. The same is true in detachments of the retina, and in the later stages of choroido-retinitis accompanied with atrophy of the retina and optic nerve.

In investigating the subject of color-blindness principally in the interests of the travelling public, attention has been directed mainly to the *congenital* form, although the possibility of its occurrence at any time, in connection with other defects of the eye, renders repeated examinations of those whose usefulness depends upon the integrity of their color perception, an imperative duty.

Color-blindness acquired through disease or accident may be recovered from, provided the condition upon which it depends be amenable to treatment, but congenital color-blindness is incurable. Dr. Favre, of Lyons, in 1874 imagined that he

had found that it was curable both in children and adults by a systematic exercise of the chromatic sense, but he evidently fails to distinguish between the lack of knowledge of the name of a color and a lack of perception of the color. The proper scientific test will surely discover the color-blind, even if he have acquired by the exercise of his faculty of judgment and comparison, and his remarkable appreciation of variations of light and shade or luminosity, considerable facility in naming colors correctly.

According to the results of my extended examinations both here and in Europe, from $3\frac{1}{2}$ to $4\frac{1}{2}$ per cent. of males and about 0.4 per cent. of females are color-blind; violet-blindness and total color-blindness are exceedingly rare, about 1 : 40,000.

In Crefeld, where the silk industry has been prosecuted for two hundred years, a town of 80,000 inhabitants, among whom are 1600 dyers and 6000 weavers, Favre found only 0.3 per cent. of color-blind among the men. This he is inclined to ascribe to the gradual cultivation of the color sense. The same is borne out by the fact that the percentage is smaller among the cultivated and those by whom more attention is paid to colors, than among the uncultivated. Such gradual cultivation and development of the color sense through generations, cannot be used as an argument for the possibility of the same process in the individual. Congenital color-blindness, like other congenital peculiarities, is hereditary, generally according to the law formulated by Horner of Zurich, "that sons of daughters whose father was color-blind are most likely to be the same." It descends, therefore, peculiarly enough, rather through the women than the men, although of course not without exception.

In the normal retina we can distinguish three zones of color sensibility, distinct from the appreciation of light or form. Thus, close around the macula lutea lies the zone for the recognition of red, then the green, and lastly and farthest from the centre the blue zones; beyond this the form of a colored object can be distinguished, but not its color. According to the Young-Helmholtz theory, there are three kinds of nerve fibres in the retina concerned with the appreciation of colors. Stimulation of the first produces the sensation of red, of the second that of green, and of the third the sensation of violet. Objective homogeneous light excites these three kinds of fibres in varying degrees according to the respective wave-lengths, from $\frac{1}{396000}$ of an inch of the middle red ray, corresponding to 477 millions of millions of pulsations per second of the interior

retina to the $\frac{1}{570000}$ of an inch of the middle violet, corresponding to 699 millions of millions of pulsations per second. It must also be accepted that each spectral color excites all three kinds of fibres, but one less, the others more strongly; equally strong stimulation of all the fibres gives the sensation of white or whitish colors. We have, therefore, in this theory distinct kinds of color-blindness according to the kind of element wanting, which have been classified as follows by Holmgren:

I. Total color-blindness in which the faculty of perceiving colors is absolutely wanting, and where the visual sense can only appreciate the difference between darkness and light, as well as the different degrees of intensity of light.

II. *Partial* color-blindness, in which the faculty of certain sensations of color, but not of all, is wanting. This is subdivided into,

1. Complete, in which one of the fundamental sensations is wanting, viz., red-blindness, green-blindness, and violet-blindness; and,

2. Incomplete color-blindness or feeble chromatic sense.

That the nervous elements in which the perception of colors resides are situated in the brain and not in the peripheral visual apparatus, and that the color-centre in the brain is distinct from that for the form-sense and for ordinary light perception, seems probable, from cases recorded by Soranzy of Dublin, and Samelsohn of Cologne, where following apoplectic seizures there had occurred complete color-blindness of the left half of each field; and from one observed by Sheffans, where, again, after apoplexy complete color-blindness had followed, while central acuity of vision and the field of vision had remained normal.

Niemetchek thought he observed, in persons in whom the sense of appreciation of colors was very pronounced, an unusual development of the region of the frontal bone, lying between the orbits, the reverse being the case where it was deficient. He, therefore, supposes that this sense is a central function, especially of the inner and inferior convolutions of the anterior lobes. In Dalton this part of the brain was found to be very little developed. Whether this hypothesis is correct it is impossible to determine in the present state of our knowledge.

As to what or how the color-blind see, we may say (Jeffries) all colors containing their defective one will be grayish, and this in proportion to their individual amount of defect. The red-blind sees all objects of this color of a darker hue than

they are; the same of the green-blind as to green. Both confound these colors with each other and with gray. Thus it was that Dalton, a Quaker, could be persuaded to wear the scarlet robe of a doctor of civil laws on his presentation at court, because it resembled to his eyes the evergreens outside his window. The face of a laurel-leaf was well matched for him by a stick of red sealing-wax, and blood appeared not unlike the color called bottle-green!

Various means have been suggested to palliate this defect, but none have proved themselves of practical value. The simultaneous use of red and green glasses as proposed by Maxwell, the use of glasses stained with oxide of silver to make sunlight resemble artificial light, as suggested by Wilson, and the fuchsine solution discovered by Delboeuf, all in a measure assist the color-blind in avoiding mistakes, but only by altering the relation of light and shade, and not by giving a normal sensation of color.

The great danger of employing persons suffering with this defect upon railroads or on vessels must be evident to all, since the two colors which they confuse are the very ones used for signals. The attention of governments and corporations was first called to this danger by Professor Holmgren, in *Color-Blindness and its Relation to Railroads and the Marine*, published in Swedish at Upsala, 1877. In this country Dr. Jay Jeffries has been most active in bringing the importance of this subject before the public. Examinations of the color-sense are now conducted amongst the railroad *personnel* throughout almost the entire civilized world, and the same will soon, it is hoped, be the case in the marine.

The safety of the public, and the welfare of the individual examined, demand that some test shall be used which may detect every case of color-blindness, but which will on the other hand not be liable falsely to convict of this defect.

The color-blind is guided in a great measure in his judgment of colors by intensity of light, and difference of shade, circumstances that are liable to constant change even with the same signal. "The object of our examination, therefore, must be not to ascertain the relation of color-sense to certain signals, whatever they may be, but to decide plainly and surely whether the color-sense is deficient or normal." The best test for ordinary use is the one proposed and developed by Holmgren, in which a skein of Berlin wool, of a particular color and shade (green, rose, or purple, or pink, or red), is given to

the patient, and he is required to match it with all the others which seem to him of the same or a similar color, amongst a large bundle of skeins of many colors.

"*Test 1.* The green sample is presented (the palest shade of very pure green). He who places beside the sample one of the 'colors of confusion,' light grays or brown, is color-blind. He who manifests a disposition to do so has a feeble chromatic sense.

"*Test 2.* A purple skein is shown, of a color midway between the lightest and darkest. He who confuses the colors selects either the light or deep shades of blue and violet, especially the deep, or the light or deep shades of one kind of green or gray inclining to blue. He who in the second test selects only purple skeins is incompletely color-blind. He who selects with purple only blue and violet, or one of them, is *completely red-blind*. He who selects with purple only green and gray, or one of them, is *completely green-blind*. The red-blind never selects the colors taken by the green blind, and *vice versa*."

The examination may end with this test, and the diagnosis be considered as perfectly settled, but may be corroborated by the following.

"*Test 3.* A vivid red color is presented to the subject, but only to one completely color-blind. The *red-blind* then chooses, besides the red, green and brown shades, which to the normal sense seems darker than red. The *green-blind* selects opposite shades, which appear lighter than red.

"Violet-blindness will be recognized by a genuine confusion of purple, red, and orange in the second test, but the diagnosis should be made with discrimination."

In his first communication he advised as great a number of colors as possible, within certain limits; later, however, he simplified the method and shortened the time occupied by the test by leaving out a number of superfluous colors. He gives also very minute and circumstantial instructions as to the best and shortest method of applying his test. Dr. William Thomson, of this city, has introduced a modification of Holmgren's method, by which facts in reference to the color-sense could be collected by any intelligent person in such a form as to enable an expert to decide upon them although not personally present at the examination. I here exhibit it to you, with the doctor's explanation of the manner of using it and recording the results.

OCULO-PUPILLARY DISTURBANCE AND TETANUS FROM INJURY
OF THE DORSAL SPINE AND MEMBRANES.

BY W. H. PROCTOR, M.D., BINGHAMTON, N. Y.

ON November 1st, 1882, I was called to see Mrs. C., a stout muscular woman of about thirty-eight years of age. Upon my arrival I learned that she had after dark stepped into a ditch of about five feet six inches in depth, striking upon the feet, the body falling to the right side. I found the patient upon a couch complaining bitterly of pain and spasm. The left arm, leg, pectoral muscles of left side, and the diaphragm were in frequently recurring clonic spasms, each spasm being accompanied by sharp shooting pain running from the spine around the left chest, causing her to cry out. The diaphragmatic contractions were so forcible that it was with great difficulty that she could breathe. Her sufferings were very great during the first two days, after which the spasms and pain gradually disappeared. After getting up around the house she complained that the seat of injury was lame and tender upon deep pressure, also that it hurt her to straighten up.

Among other symptoms complained of were, a feeling of a tight jacket around the chest, so as to cause a smothered sensation—pricklings and tinglings of the left hand and foot, but no paralysis. Three months after the injury she called my attention to a dissimilarity in the size of the pupils. The left pupil was unnaturally small, much smaller than the right, the right pupil being like the pupils of other persons in the same room and light. But with the exception of a complaint of an unnatural weakness of both eyes, there were no indications of vaso-motor or nervous disturbance. For a little time previously she had complained of a drawing and pulling in the back of the neck and base of brain. She said she felt as though she wanted to draw the head as far back as possible.

The following day I was called in great haste to see her, the messenger saying that she was dying. When I arrived I found her in a tetanic convulsion. The jaws were firmly set, and opisthotonos very marked. After five hours the convulsion gradually gave way. For three months thereafter she was mostly confined to the bed, complaining in various ways and of very indefinite symptoms. She has, since the convulsion, which was in January last, been gradually gaining, and is able to do some work at present.

This was a very interesting case for two reasons: first, because of the presence of the pupillary disturbance; and, second, because of the tetanic convulsion. Eye symptoms are not rare

at one stage or other after injuries of the cervical or dorsal spine and membranes. But as there are no less than three theories in the field to account for the same, it seems that the pathology is still unsettled, or that all may be correct, and apply in certain cases. For this reason, also, it becomes interesting to study every case for the purpose of determining which theory is correct. Dr. Wharton Jones believes that eye symptoms occur from irritation of the origin of the sympathetic in the dorsal cord. There is no doubt at the present time but that the sympathetic filaments which supply the organs of vision take their origin from the lower cervical and upper dorsal cord, nor that injury in this tract produces a distinct disturbance in the vaso-motor and oculo-pupillary functions.

Claude Bernard has demonstrated by experiment that partial division of this tract, which he terms the "cilio-spinal axis," produces disturbances in the action of the pupil, the vascularization of the conjunctiva, and probably of the deeper ocular tissues, exactly similar to those produced by division of the sympathetic nerve in the neck.

But Dr. Allbut, of equal eminence, claims that the ocular disturbance is due to the tension of inflammation along the membranes to those of the encephalon, and says that setting aside the curious head symptoms that such patients have, actual autopsies have rendered it certain that encephalic meningitis is present. He states that the higher the injury in the cord the sooner the eye symptoms occur.

But again, another, Mr. Gowers, remarks that these ocular symptoms must be regarded as associations. That is, that the eye symptoms are the results of a degenerative process in the ocular nerves proper, which degenerative action accompanies the degenerative action in the cord, both being due directly to the injury, and one not depending upon the other. He says that these eye symptoms always depend upon a degenerative action, and show that the disease of the cord is essentially the same.

They all allow that it is late when the eye symptoms occur. This is a singular coincidence. We should expect that the ocular symptoms brought about by irritation of the nerves at the seat of injury would occur immediately or soon after, especially in such a case as I have delineated, where the spinal irritation was intense in the "cilio-spinal axis." We could readily understand that when due either to the gradual ascending of meningitis, or degeneration of the optic nerve or other nerves, some time would supervene.

In the case before us there were symptoms of basilar meningitis a short time before the eye symptoms appeared, and I believe that in this case Dr. Allbutt's theory applies. The tetanus also is corroborative of the same. As the patient has improved, and no eye symptoms are present, there could not have occurred any degenerative changes. Hence Dr. Gower's theory does not apply in this case.

Tetanus from centric lesion is a rare occurrence, but other cases have been recorded.

BILATERAL PARALYSIS OF THE ABDUCTOR MUSCLES OF THE LARYNX—TRACHEOTOMY—CURE.

BY HORACE E. IVINS, M.D.

(Read before the Homeopathic Medical Society of the County of Philadelphia.)

I TAKE the liberty of presenting this case, not so much because it belongs to a class of rare cases, but rather because of the exceeding rarity of the favorable results which have been here obtained.

I wish, before detailing the history of this patient, to mention some of the more prominent symptoms and characteristics of this affection, accompanying these remarks by a short reference to the gross anatomical arrangement of the structures concerned.

The first and most prominent symptom, and the one which requires our most careful consideration, is *inspiratory dyspnoea*.

The abductor (posterior crico-arytenoid) muscles of the larynx arise, by a broad attachment, from the posterior surface of the cricoid or ring cartilage, one on either side of the median line, and, converging as they extend upwards and outwards, are inserted into the posterior inferior margin of the corresponding arytenoid cartilage. These muscles are triangular in shape, and their action, when the laryngeal aperture is closed by the contraction of their antagonists, is to rotate the arytenoids on the cricoid in such a manner as to separate the vocal processes, and consequently the vocal bands; thus making the glottis more or less wide. Since these are the only muscles which abduct the vocal bands, it can readily be seen in what great danger the patient is placed when they are paralyzed.

From the instant the infant draws its first breath until death has released the individual from this earth's constant changes, whether waking or sleeping, these muscles—the pos-

terior crico-arytenoids—are in constant action. During *inspiration* these are the muscles which separate the vocal bands and allow air to enter the lungs; during *expiration* they are in part, but not wholly, relaxed; the force of the expiratory current being sufficient, with but slight assistance from the abductors, to keep patulous the laryngeal outlet; the instant, however, expiration ceases the vocal bands approach each other and are prevented from coming in contact only by the prompt contraction of the above-named muscles. Where their function is interfered with, we must look for symptoms of dyspnoea, more or less severe, depending on two conditions, viz.: the extent of the paralysis and the slowness or rapidity with which this paralysis is developed. In the first instance the more extensive the paralysis the less the excursions of the vocal bands; therefore (since when paralysis of the abductors exists the bands remain nearer the median line than in health), the greater the dyspnoea. In the second instance, the slower the paralysis advances, the less do patients suffer from dyspnoea, *i.e.*, where the glottis is gradually narrowed the patient becomes day by day accustomed to sustaining his existence with less and less air, and, even though the aperture through which he respire is very small, he can breathe with less discomfort than can one whose breath inlet has been suddenly diminished, though to a much less extent.

It is claimed by laryngologists that during vocalization the posterior crico-arytenoid muscles “fix the arytenoid cartilages upon the cricoid.”—*Mackenzie*.

During inspiration, as before stated, these muscles are called into action to keep the vocal bands separated. Hence, when they are paralyzed, but slight separation of these ligaments takes place, and we have dyspnoea and noisy inspiration. During expiration the bands are kept sufficiently apart by the action of the expired current of air to allow its exit in a noiseless manner. Now it may be asked: Why if the air can escape with sufficient force to keep the vocal bands separated will not the same amount of force have the same effect during inspiration? In the first place the act of expiration is chiefly passive on the part of the larynx, whereas that of inspiration is attended by muscular contraction, not of the posterior crico-arytenoids only, as previously mentioned, but of the adductor muscles also. The contraction of the adductors on inspiration can be seen in most individuals during health by getting them to make a forcible inhalation while viewing the image of the larynx in the mirror. We notice the vocal bands move to-

wards each other at the instant the effort is put forth. It is usually overcome, however, quite quickly by the extra contraction of the abductors.

Again, during expiration the current of air passes through an expansible aperture, the larynx, the lower portion of which is conical. The base corresponds to the lower surface of the ring cartilage, and gradually contracts upwards to the upper edge of the vocal bands; the whole distance is unbroken by any depression in its walls. The current of air acting from below serves to dilate this flexible canal, forcing the bands apart. During inspiration a reverse mechanism is at work; the upper portion of the larynx is wider above than below, it is true, but its walls are indented by the ventricles of Morgagni, and the vocal ligaments present, at its inferior extremity, a horizontal, if not a slightly concave ledge for the ingoing air to impinge against. Thus, during inspiration, the air entering the larynx from above comes in contact with these projections, the inferior bands, and from their shape, as well as their position, at the smaller end of this upper funnel, the force of the air current serves to press them somewhat downward; and as their most movable portion is at their inner free borders, it pushes them likewise somewhat toward each other. These, then, with the muscular contraction of the adductors and the paralysis of the abductors, give us the difficult inspiration, while the conical shape offered to the expired air, and the almost passive condition of the adductors give us the noiseless expiration.

I admit that this is not the accepted, but it is to my mind the most rational explanation of the cause of the inspiratory stridor found in these cases. In Browne* we read, "This phenomenon is explained by the 'excess of external atmospheric pressure over that of the rarefied air within the trachea, while in expiration the glottis returns to its original size.'" This explanation, doubtless, assists, but is not, I believe, by any means the sole cause of the above-named phenomenon. Nor do I agree with the latter part of the above quotation, which says, "while in expiration the glottis returns to its original size," for that I have never seen it do in any case of true paralysis of the abductor laryngeal muscles. Hence, during expiration there is, in health, a contraction of the glottis openers.

The inspiratory stridor is aggravated by excitement and exercise, owing to the naturally quickened respiratory move-

* Diseases of the Throat, p. 284.

ments with the greater demand for oxygen. Sleep, also, increases the stenotic sounds.

In cases uncomplicated by catarrhal or other affections the voice is quite normal. This is readily accounted for by the fact that the muscles of adduction, the ones concerned in the production of the voice, are unaffected.

Bilateral paralysis of the *abductors* should be carefully distinguished from spasm of the *adductors*; the symptoms in the two diseases are, to a certain extent, similar, yet when carefully noted they are quite dissimilar. In spasm the stridor is marked both during inspiration and expiration, the latter because the spasmodic action of the adductors prevents the expired current from forcing open the glottis. Spasm is inconstant, *rarely* lasting longer than a few days; it diminishes much or ceases entirely during sleep; it can sometimes be broken up by mental emotions, and always by the use of an anæsthetic. This condition is usually found in hysterical patients.

In abductor paralysis there is inspiratory stridor only. The condition is constant, lasting for months or years. It is increased during sleep, and by mental emotion. Anæsthetics augment the inspiratory difficulty, and the patients are usually "broken down" in general health—not hysterical.

Again, paralysis of the glottis openers may be confounded with adhesion of the vocal bands to each other along their free borders, or, as claimed by some authorities, with ankylosis of the arytenoids. In the first instance it is usually quite easy to discriminate, for on forced expiration, if the case be one of paralysis, the bands will be seen to separate from their posterior to their anterior ends, which would of course not be the case where adhesions existed. If ankylosis of the cartilages existed, there would be no motion whatever to the supra-arytenoid cartilages or vocal process, either during inspiration or expiration, which would not be the case in paralysis. Again, if the case has presented no history of severe inflammation, we could not expect to find an immobile joint. I can, though, scarcely see how we are going to have a case in which both arytenoids are fixed in the same relative positions, which they must necessarily be to create confusion, more especially since fixation of either cartilage is exceedingly rare.

CASE.—Mr. —, æt. 39, was referred to me (December 28th, 1882), by Dr. F. Buchman, at the suggestion of Dr. C. M. Thomas. The history is, briefly, as follows: In September, 1882, the patient contracted a severe cold, accompanied by

sore throat and cough. These were followed by a swelling over the left plate of the thyroid cartilage. This swelling was as large as a "man's fist," hard, "almost stone-like," and obstructed breathing somewhat. At the same time there was a swelling of a similar nature in the parotid region. After several weeks pus was detected in these tumors, and a considerable quantity of purulent matter found exit, but ceased flowing in a few days, and the openings healed permanently. The discharge of the purulent matter gave relief to the dyspnœa. About one week before his first visit marked croupal cough set in, with threatening oppression of breathing, which appeared in longer or shorter paroxysms. These paroxysms were always worse about 4 or 5 p.m., aggravated by excitement, the least exertion, and when lying. During the paroxysms the lower extremities were always cold. There was no pain in any portion of the throat. On the 25th December vomiting supervened and recurred on the 26th. The material vomited "came, apparently, from the throat," was yellowish-green and glutinous. This was followed by some relief to the dyspnœa. Bright's disease had been diagnosticated. The urine contained about 30 per cent. albumen. Mr. — had chancre when 22 years old. Kali hyd., Hepar s. c., and Nitric ac., had been given at various stages, and were followed by temporary relief.

When first seen there were stridulous cough, stenotic inspiration during deep breathing, and almost complete aphonia. The left plate of the shield cartilage presented a small, hard, slightly movable protuberance, which was apparently attached to the cartilage by a broad pedicle. Manipulation caused no pain. The general health of the patient was much reduced, and he complained of headache and dimness of vision.

The laryngoscope presented the following appearances: redness and immobility of the left vocal and ventricular bands; the inflammation was so great that it was almost impossible to distinguish their outlines. The true cord was quite near the median line, while below it the tissues were inflamed and projected beyond its free edge (*corditis vocalis inferior*). The left arytenoid was much larger than the right, the latter being also rather larger than in health. The right false band was nearly normal, but the mucous membrane covering the true band on that side was red and hypertrophied. The right vocal band moved somewhat during respiration and phonation, but at no time did it move far enough from its companion to make an opening greater than one-fifth of an inch at the base of the

glottic triangle, and along the anterior third of this space the bands could be forced only sufficiently apart during expiration to show that they were not agglutinated. The epiglottis was horseshoe shaped and bent far backwards, making it difficult to obtain a view of the laryngeal cavity. The trachea could not be illuminated. The larynx contained but a slight amount of thin whitish mucus.

Kali hyd. was prescribed, and the larynx dusted with Iodoform. A grave prognosis was given, and the patient informed that it might become necessary, at any time, to make an opening into his windpipe. December 30th (two days later), decidedly improved; breathing easier, and swelling less, both internally and externally. The application of iodoform was repeated and the potash continued. On January 18th, 1883, the insufflations having been continued every second day, I was able to see a short distance into the trachea, which appeared normal and the bands separated considerably throughout their extent. The right one appeared quite normal; the left was greatly improved, while the swelling under it had so much diminished that I was unable to see it. The enlargement on the left plate of the thyroid cartilage was nearly absorbed. He had had no paroxysms of dyspnoea for two days, though the breathing was labored after using even a moderate amount of exertion, and the headache on the left side was intense. This latter symptom, together with dimness in vision, of which he complained, induced me to examine his eyes. The vision equalled $\frac{20}{80}$, barely, in the right, and $\frac{20}{100}$, nearly, in the left eye. This could not be improved by glasses. Reading: Jaeger, No. 4 with right, and No. 6 with left, at about 6 to 8 inches only; glasses improved a little. The pupils (which were very small) having been dilated with an 8 gr. solution of Homatropin, the ophthalmoscope demonstrated the existence of a double atrophy of the optic nerve, and a diminution in the size of the retinal arteries. Nux vom. was prescribed, which was changed in a few days to Pulsatilla.

February 10.—Vocal bands moved quite freely and were nearly normal in appearance; but at the vocal processes they did not separate more than one-fourth of an inch. During vocalization they came together quite perfectly, the voice being comparatively clear. When not exercising he breathed noiselessly, except while sleeping, when, as his wife said, "He makes such a noise the neighbors can't sleep; it is just like a mad cow. I can't sleep any, either, at night." There was the sensation as of an immovable lump in the throat, which

caused occasional vomiting. Headache worse and vision less clear.

February 15.—“He is afraid to go to sleep,” his wife said, “for fear he will stop breathing.” Vocal bands were quite normal, but did not separate as much as on February 10th. March 3.—Growing worse; constant inspiratory stridor; bands less movable, leaving only a slit-like opening; voice quite clear. March 4.—Did not sleep any the preceding night, and had great difficulty in breathing; could eat nothing; some headache; prostrated; pulse weak and compressible; breathing labored; anæmic; urine almost as thick as porridge.

At 12.45, assisted by Drs. Thomas and Buchman, a Bosa tracheotomy was done, without an anæsthetic. A large-sized hard rubber canula was inserted after division of the 1st, 2d, and 3d tracheal rings. The general precautions were observed here as in other cases of tracheotomy, and Aconite was given internally. At 5.30 P.M. was resting and breathing quietly, and expressed himself (on the slate) as very well satisfied that the operation had been performed, as he felt more comfortable than at any time for months. March 5.—Passed a comfortable night; took some nourishment; temperature normal. 6.—Some redness and swelling about wound. 7.—Redness increased; superficial suppuration; patient prostrated; removed stitches; wound united below the tube, not perfectly above. Profuse, muco-purulent, offensive discharge from tube. Temperature, 101.4° F.; pulse, 100. R_y. Ars. 8.—Temperature, 101.2° ; pulse, 92; prostration, great; sleep, poor; no nourishment except Hoff's malt and a little brandy and water (everything else was vomited immediately); severe pains in abdomen and back; lungs normal. Removed both tubes, which, after profuse discharge had occurred, were replaced. 9.—Temperature, 101° ; pulse, 98; otherwise same. 10.—Temperature, 100.4° ; pulse, 90; better; some nourishment; slept well; tube free. 11.—Vomiting ceased; urine very thick and contained tube-casts. With outer end of tube closed could speak quite clearly. The internal tube having been withdrawn and the canula closed, a laryngoscopic examination showed a larynx quite healthy in appearance, though the vocal bands separated but slightly. He was directed to plug the outer extremity of the canula several times a day; the cork being allowed to remain in position from 5 to 15 min. 14.—Temperature, 99.8° ; pulse, 85; sleep, good; appetite, better; redness about canula gone; headache, less; sat up in

bed, but weak. 21.—Slight relapse. April 3 —Down stairs; appetite and sleep good; tube, free; exuberant granulations externally, which were cut away; temperature and pulse, normal; urine quite clear, some albumen. The cork, which occluded the external canular orifice, was cut in ridges along its circumference, thus allowing a small amount of air to enter the larynx through the tube, the cork to be worn constantly. 6.—Walked about two squares. 11.—Called at the office, when I applied faradization to the posterior crico-arytenoid region. This was repeated every few days until the early part of June, when the patient was much improved in every respect, and on the 27th of June Mr. —, without consulting me, removed the tubes, which were causing him much annoyance, as they produced intense irritation, both internally and externally. No ill effects followed the removal of the canula, and the incision healed quickly.

The medicines which he received between the 6th of April and the time that the tubes were removed were Hepar, Silicia, Nux vom., Lycop., and Merc. v., as indicated; the Hepar, however, did apparently the most good.

On the 4th of November, 1883, the voice and respiration were normal; the mucous membrane, at the seat of the incision, on the anterior wall of the trachea, appeared rough and elevated. The bifurcation of the trachea could be clearly seen, while the vocal bands separated almost to the normal distance. The urine was clear and contained but a small quantity of albumen. The vision had improved to $\frac{2}{5}$ in each eye, and the headaches only occasionally annoyed him. The coldness of the lower extremities was, however, almost constant.

CASES ILLUSTRATING THE VALUE OF MEDICAL OPHTHALMOSCOPY.

BY CHARLES E. BARTLETT, M.D., PHILADELPHIA.

THE hope that the following cases will not be devoid of interest is my excuse for offering them to you for consideration this evening. It is thought best that they be presented without comment.

CASE I. *Leucocophthemia attended with epistaxis and extensive retinal hemorrhages.*—J. M., æt. 24 years, had been feeling "out of sorts" since October, 1880, but he did not regard himself as a sick man until January, 1881. In the middle of the last-named month he was seized with a severe attack of epistaxis, which left him very much prostrated. Prior to this he had noticed himself growing paler than usual. This anæmic

appearance increased rapidly, and with it the prostration. He did not lose any flesh, both muscles and adipose tissue being well preserved. February 17th, he was brought to me. He had recently had several attacks of epistaxis, and was in a remarkably anæmic state. A few days before, his vision had begun to deteriorate. The ophthalmoscope revealed the presence of extensive retinal hæmorrhage, the largest I have ever seen. There was great enlargement of the lymphatic glands in the neck, axilla and groin. These, according to the statements of the patient, had appeared only the week before. The spleen and liver were slightly enlarged. An anæmic murmur was heard at the base of the heart. The urine was clear and contained no albumen. No microscopic examination of the sediment, which was very slight, was made. His family history is good. About three or four years before, he had suffered from a venereal sore, which, according to his account, was probably a chancroid. The patient was ordered to bed and placed on a diet of beef-tea, milk, egg-nog and sherry wine. Phosphorus 3^x was prescribed. He continued to grow rapidly worse, hæmorrhages from the nose recurring almost every other day. His pulse varied from 100 to 135 beats per minute. His temperature ranged from 100° to 105°, it being higher at night. The mucous membrane of the mouth and throat became very pale. His breath had a very offensive brassy-sweetish odor. At no time was there any oedema manifested in any part of the body. The day before he died, epistaxis set in and continued for nine hours. The blood, which at first was non-coagulable, later became coagulable. Vomiting then appeared and was excited on the introduction of the slightest quantity of food or drink into the stomach. On the day of his death, which occurred February 24th, he suffered greatly from dyspnœa; his respiration was frequent, from forty to sixty per minute. No post-mortem examination was permitted.

CASE II. *Idiocy associated with atrophy of both optic nerves.*—Hattie Y., æt. 3 years. The notes of this case are very meagre. The child was a perfect idiot. Its vision was entirely lost even to the perception of light. Atrophy of the optic nerve was advanced in both eyes.

CASE III. *Locomotor ataxia, in which atrophy of the optic nerves preceded any irregularity in gait.*—Robert P., æt. 52 years, first noticed dimness of vision in January, 1882. This gradually increased up to the time when he came under observation, in September, 1882. In childhood, he suffered from scrofulous ophthalmia, as a result of which he has superficial

opacities of the cornea, more marked in the left eye. The vision of the right eye is much poorer than the left. The right pupil is double the size of the left. Ophthalmoscope shows atrophy of optic nerves, advanced in the right and just beginning in the other eye. The pupils react well both to the stimulus of light and during efforts at accommodation. For the past two or three years he has been annoyed by sudden "nipping pains" in various portions of the body. Often when walking in the street at twilight he staggers and fears that people will believe him to be intoxicated. On attempting to stand with his heels and toes approximated and his eyes closed, he becomes unsteady and would fall were he not supported. His gait becomes very unsteady when walking with closed eyes. The patellar-tendon reflex was absent. The quadriceps reflex was normal. There was no anaesthesia of the lower extremities. Urinary functions were normal. He received Zincum sulph. 6^x, under which he believed himself to be improving. In November his vision began to grow rapidly worse. Arg. n. 3^x was then administered with no avail. In December, an ethymatous eruption appeared and spread over the entire body. Sulphur 30 was prescribed. By January, 1883, his vision had grown so bad that he was able only to recognize daylight from dark. The ataxic symptoms had become more marked. He then became discouraged, and abandoned further treatment. It is a fact worthy of note, in connection with this case, that the patient had consulted several well-known oculists, none of whom seemed to recognize the incurable spinal malady of which the eye disease was only a symptom. When thirty-five years of age Mr. P. contracted a venereal sore, which was accompanied by a suppurating bubo. No secondary symptoms followed.

CASE IV. *Acute glaucoma mistaken for neuralgia; rapid cure of the case after the recognition of the true nature of the disease by means of the ophthalmoscope.*—Margaret T., æt. 45 years, consulted me at the department for nervous diseases in the College Dispensary, September 1st, 1882. For two weeks has been suffering from a steady agonizing pain, located over the left eye and in the left temple, and attended with lachrymation and burning in the eye. The pain usually begins at three or four o'clock in the morning and continues about four hours. She also complained of rheumatic pains in the limbs and breast. Two years before, she was treated for necrosis of the hard palate. She received Bryonia. Three days later she reported no improvement. An ophthalmoscopic examina-

tion which had been neglected before, was now made, and revealed a glaucomatous excavation of the left optic disc. The intraocular tension was increased. She was quite myopic and she volunteered the statement, that of late the myopia had been increasing. She was then transferred to the eye department, where she was ordered frequent instillations of Eserine (gr. iv.— $\frac{5}{16}$.) and Physostigma 3^x internally. Improvement began at once, and at the end of a month, all trouble had disappeared.

CASE V. *Chronic hydrocephalus, with atrophy of both optic nerves.*—John T. R., æt. 10 years. From two to four years of age, he suffered from convulsions, which recurred almost daily. His head has always been unnaturally large. Two years ago he began to suffer from severe headache and vomiting, which were particularly bad about midnight. Six months later he began to suffer from fainting spells, which continued up to the present date, coming on once or twice a week, and generally associated with unconsciousness. During these attacks the head is thrown backward. For a long time past (my notes do not say how long) he has been troubled with a progressive diminution of vision, which is now so poor that he is about able to get around, and that is all. He also suffers from pains in the nape of the neck extending down the spine. Since the vomiting has been severe, his gait is of a wabbling character. The child's head is unnaturally large, and there is a wide separation of the cranial bones at the lambdoidal, sagittal and coronal sutures. Both eyes are turned markedly upward, and within the past fifteen months there has appeared an inward deviation of the left eye. The pupils are moderately dilated and react but sluggishly to either light or accommodation. An ophthalmoscopic examination showed marked atrophy of both optic nerves. At the time I saw the patient he was mentally sluggish. A grave prognosis was given. The week following his visit to me, his family removed to Virginia. About a month ago, Dr. J. Sperry Thomas, whose patient he was, informed me that, after going South, the boy's health greatly improved, and that he was now able to walk with but little difficulty. Calcareo phos. was the remedy prescribed.

CASE VI. *Locomotor ataxy mistaken for renal disease, associated with choroiditis disseminata syphilitica, and cardiac disease; sudden death.*—John C. M., æt. 55 years, came under my care in September, 1882. The physician who immediately preceded me in the management of the case, had diag-

nosed kidney disease. The principal symptom of which he complained was an intense backache, located in the lumbar region. He also had burning during micturition. In passing his urine there is at times a sudden cessation of the stream. At times he suffers from pains of a sharp sticking character. These may appear in any part of the body, and are but momentary in duration. For a long time he has noticed that in getting up at night to urinate, his gait was very unsteady. On attempting to stand with his heels and toes approximated and his eyes closed, he tottered. He was unable to walk without falling when his eyes were closed. The patellar-tendon reflex was abolished, while the idiomuscular contractility of the vastus internus muscle was preserved. Both pupils are small. The right, which is the smaller, is bound down by posterior synechiæ. The left pupil does not respond to light, but does react normally during accommodation. An ophthalmoscopic examination revealed in the left eye extensive black patches scattered over the fundus and following the course of the bloodvessels, with atrophy of the optic nerve. No examination of the right eye could be made. The urine was found normal. There was no urethral stricture. The bladder was not sounded. The heart-sounds were anything but normal; but thorough examination of these was postponed. Eighteen years before the onset of his present troubles, the patient contracted syphilis. Iodide of potassium in large doses was prescribed, and with benefit to the nervous symptoms of which the patient was complaining. The cardiac changes were progressive. While performing some work about his farm he fell dead. No post-mortem examination was made.

CASE VII. *Intense cephalalgia, associated with double optic neuritis, followed by convulsions and death; hæmorrhagic cyst found post-mortem, in the floor of the fourth ventricle.*—Nellie H., æt. 28 years, was a patient of Mr. Cooper, student at the Hahnemann Medical College, with whom the case was seen in consultation. For two or three months prior to my visit the patient had been suffering from intense throbbing pains involving the entire head. An ophthalmoscopic examination showed double optic neuritis. No history of syphilis could be obtained, although from her mode of life it was possible that she could very readily have contracted the disease. On the morning of May 15th she was taken suddenly with convulsions. The one which I saw began with clonic spasms of the right hand. Following this the forearm was slowly flexed on the arm and brought across the chest. Then the movements

extended to the right orbicularis palpebrarum, and then in order to the right side of the face, the right leg, and the left side of the face. Thence they extended down the left side of the body, and ended off with movements of the left hand. At the moment that the convulsive movements involved the right side of the face, there was conjugate deviation of the head and eyes to the right, and as the convulsion in its onward march extended to the opposite side of the face, the head and eyes rotated to the left. Other convulsions occurred which took exactly the same course as that above described. One convulsion, however, took a somewhat different course. The movements began simultaneously in the orbicular muscles of both eyes, then extended to the right hand and followed the same course as before. Death took place on the evening of May 16th. Unfortunately no examination of the urine was made. At the autopsy, only the brain was examined, permission to open the abdomen being refused. The brain was found perfectly healthy in its appearance to the naked eye; the membranes were normal. The pons, cerebellum and medulla were sent to Dr. W. K. Ingersoll for examination. A hæmorrhagic cyst was found in the floor of the fourth ventricle. A report of the microscopical examination of the cerebral structures has not yet been received.

CASE VIII. *Morbus Brightii, in which the defect in vision was the only subjective symptom present.*—Mary J. P. was confined in November, 1882. About four months later she began to experience imperfection in the vision of the right eye. Her menses had returned and were regular. She had no headache. Her appearance was that of a woman in good health. Owing to the small size of her pupils, a weak solution of homatropin was instilled in the eyes. An ophthalmoscopic examination showed the left eye to be normal, but in the right the margins of the disc were blurred and congregated about the yellow spot were a number of small white spots. The urine was then examined and found to contain over one half albumen. For the past three months she has been taking Ars. iod. 3^{ss} and has improved slightly. An examination of her urine made to-day by Dr. O. S. Haines gave the following result: Specific gravity 1012, quantity of albumen large, phosphates diminished, granular and hyaline casts (not large and not numerous, rather broken up into pieces).

CASE IX. *Hemiplegia, with retinitis, albuminuria and Bright's disease.*—Charles A., æt. 46, was taken last July with right-sided hemiplegia, from which he has made a partial recovery.

Since that time he has had intense occipital headaches. The pain is constant and is of a throbbing character, and is so severe that it keeps him awake night after night. He has vertigo, which frequently causes him to fall. It seems to him that there is a constant swaying motion of the head from side to side. Both vision and hearing have greatly deteriorated since the beginning of his illness. At times he has great dyspnoea. Auscultation shows mitral stenosis. The left pupil is somewhat larger than the right. The pupillary reactions are normal. Ophthalmoscopic examination shows the margins of the disc to be indiscernible, the disc swollen, and the vessels very fine. Scattered over the fundus and especially marked in the region of the yellow spot were numerous white specks. The urine, examined by Dr. Haines, was found to contain large quantities of albumen, blood-corpuscles, degenerated renal epithelium, and tube-casts. Belladonna was prescribed, but afforded no relief. Then Arsenicum was given, since which time the patient has been more comfortable, although he is daily growing weaker. In the above notes, I should have stated that he denies having had syphilis. He also states that he never indulged to excess in alcoholic liquors.

CASE X. *Hemiplegia, with paralysis of the third cranial nerve, followed seven years later by the development of ataxic symptoms and atrophy of the optic nerve.*—John M., æt. 56 years. Seven years ago was seized with paralysis affecting the right side of the face and body and the left levator palpebræ superioris. He does not know whether or not the left eye was turned or the pupil enlarged. This attack came on during the night when he was asleep. On waking in the morning, he felt well with the exception of the paralysis. He was confined to his bed for about two months, during which time he did not complain of headache. In the year following his illness, he gained fifty pounds in weight. For the past five years he has been troubled with rheumatic pains. About one year ago his vision began to grow bad. At present his vision is L. E., $\frac{5}{200}$, R. E., $\frac{1}{70}$. The ophthalmoscope shows atrophy of both optic discs. The pupils are unnaturally small, and do not react to light and only slightly during accommodation. There is slight ptosis on the left side. There is increased difficulty in walking with the eyes closed. He finds himself unable to stand with heels and toes approximated and the eyes closed. The left tendon reflex is abolished, the right greatly diminished. A blow on either vastus internus calls forth the usual response. No history of syphilis or dissipation. Argentinum nitricum 3^x was prescribed. No improvement has yet set in.

CASE XI. *Periostitis affecting the temporal bone, associated with double optic neuritis.*—Mr. C., æt. 35 years, was a patient of Dr. William T. Maguire. For some time prior to coming under treatment, he had had a diffused and gradually increasing swelling, situated over the right temporal region. This was associated with intense and deepseated pain, generally worse at night. Examination of the fundus oculi showed double optic neuritis. Stillingia, Mezereum, Mercurius and other remedies were prescribed, but afforded no relief. Finally, iodide of potassium, fifteen grains daily, was prescribed; and the dose gradually increased until sixty grains were taken every day. Improvement began at once and proceeded uninterruptedly to a complete recovery. Before he was discharged I again examined his fundus, but found it perfectly normal.

Miscellaneous Contributions.

THE PITTSBURGH HOMŒOPATHIC HOSPITAL AND ITS NEW BUILDING.

THE new building for the Homœopathic Hospital and Dispensary of Pittsburgh is completed and ready for occupancy. During the period from December 4th to 14th inclusive, there was held in the building a "grand house-warming," under the auspices of the "Ladies Association of the Homœopathic Hospital." This included a number of booths and bazars for the sale of useful and fancy articles, evening entertainments and matinees, and, neither last nor least, a dinner to the representatives of the Pittsburgh press. From all that we have been able to learn from the columns of the *H. H. H. Record*—a sprightly daily journal published in the interest of the institution, and which some unknown friend has kindly sent us—as well as from information gathered from other sources, it seems to have been the grand society event of the season. It is to be hoped that the occasion will result not only in a large addition to the treasurer's ready cash, but also in securing a multitude of *permanent* friends for the hospital and dispensary.

Following we give a brief account of the history of the enterprise from its inception, and a general idea of the plan of the new building, all of which we take from the columns of the *H. H. H. Record*:

HISTORIC SKETCH.

The practitioners of homœopathy in Allegheny County having failed to obtain accommodation in the existing hospitals of the city for those who preferred this practice (both pay and charity patients), readily secured the sympathy and support of many good citizens, who were of the opinion that in the hour of sickness an invalid should be accorded the right to choose his medical as well as his spiritual adviser. With a view to supplying this deficiency, as well as in the belief that this system offered advantages in the cure of the sick not possessed by older methods of practice, it was determined to establish a hospital and dispensary in which this treatment should prevail, but in which, at the same time, a more liberal policy should be adopted respecting the medical attendance of patients than had hitherto existed in similar institutions, viz.: paying patients, or those not a direct tax on the charity of the hospital, could employ a physician of their choice, not being restricted to any school. Accordingly, late in the year 1865, the grounds and buildings located on Second avenue, near Smithfield street, sixty-seven feet front, and running through to First avenue, with a frontage of forty-seven feet on the latter, belonging to James B. Murray, were secured by Drs. Marcellin Cote, John C. Burgher and H. Hofmann, for the sum of \$22,000, and held until a hospital organization was effected. On the 4th April, 1866, a charter was granted by the legislature of Pennsylvania, naming as incorporators a number of citizens who had subscribed liberally toward the establishment of the hospital. On the 9th day of April, 1866, a board of trustees was elected from the incorporators, officers chosen, and the work of organizing and equipping the hospital begun, so that by the 1st of August, 1866, with a capacity of thirty-eight beds, the doors were thrown open for the reception and care of patients, with ceremonies appropriate to the occasion, the Hon. Wilson McCandless, Judge of the United States District Court, presiding.

The original incorporators and officers of the institution were as follows: Wilson McCandless, William Frew, James B. Murray, James Caldwell, A. M. Wallingford, Annie Murray, Mary E. Moorhead, Letitia Holmes, M. K. Moorhead, William Metcalf, J. H. Hillerman, J. M. Knapp, J. H. Nobbs, W. A. Gildenfenny, O. Metcalf, William Crawford, Jr., E. Miles, E. Dithridge, A. McFarland, T. S. Blair, R. W. Burke, W.

M. Faber, G. H. Burke, William T. Shannon, H. W. Oliver, Jr., George Bingham, J. G. Backofen, Mary Cote, E. R. Burke, Mary Caldwell, Sarah L. Woods, E. C. Donaldson, Jennie Blair, James Colvin and S. Miles.

At the first election for trustees, held the 9th day of April, 1866, the following gentlemen were chosen: Hon. Wilson McCandless, Major William Frew, James B. Murray, William Metcalf, Edwin Miles, A. M. Wallingford, H. W. Oliver, Jr., J. C. Burgher, M.D., George Bingham, W. W. Mair, W. T. Shannon, H. Hofmann, M.D., Thomas S. Blair, R. W. Burke, W. A. Herron, James A. Hutchison, H. Holdship, James Caldwell, John Shephard, Edward Dithridge, Marcellin Cote, M.D., D. H. Fralich, W. A. Gildentenny, A. McFarland.

At the same time and place the following officers were elected by the trustees: *President*: Hon. Wilson McCandless. *Vice-Presidents*: First, Major William Frew; Second, James B. Murray. *Secretary*: J. C. Burgher, M.D. *Treasurer*: George Bingham. *Librarian*: W. W. Mair. *Executive Committee*: Marcellin Cote, M.D., Chairman; Edward Miles, J. C. Burgher, M.D., with the President and Vice-Presidents, *ex-officio*.

MEDICAL STAFF, 1866-7.—*Physicians*: H. Hofmann, M.D., F. Taudte, M.D., L. M. Rousseau, M.D., J. E. Barnaby, M.D. *Surgeons*: J. C. Burgher, M.D., L. H. Willard, M.D., D. Cowley, M.D., J. H. McClelland, M.D. *Accoucheurs*: J. F. Cooper, M.D., D. Crowley, M.D. *Dispensary Department*: The resident physician.

The President of the corporation, the Hon. Wilson McCandless, served in this capacity for three years, when failing health compelled him to decline the active management of its affairs. He subsequently served as Vice-President, continuing in that office until the end of his honorable and useful life. He died, much beloved, full of years and honors, on the 30th day of June, 1882. Judge McCandless was succeeded by Major William Frew, who was elected President in April, 1869. He was much devoted to the interests of the hospital, and was ever faithful in the performance of his duties. Major Frew continued in the capacity of President by repeated re-election, until the close of his life, March 9th, 1880. He was held in the highest esteem as a public-spirited citizen, ever active in promoting schemes of Christian benevolence. Major Frew was succeeded by Mr. William H. Barnes, who

continues the active head of the institution at this time. The success of the new hospital, just completed, is largely due to his efficient administration.

The early history of the institution would not be complete without special mention of the first Chairman of the Executive Committee, the late lamented Dr. Marcellin Cote. To his unflagging energy during the first three years of the institution is largely due its subsequent success. Dr. J. C. Burgher succeeded Dr. Cote as Chairman of this important committee, yielding most faithful service in the conduct of the hospital for nearly ten years. Dr. Burgher was succeeded by Dr. J. F. Cooper, and he in turn by Dr. J. H. McClelland, the present Chairman.

During the period of sixteen years, or from the organization to the removal of the old hospital building, 4483 patients have been received and treated in the hospital, with a mortality of 243, or an average death-rate of 5.4% per cent. Of the whole number treated, more than three-fourths were charity patients. At the dispensary department there were 151,521 attendances, the advice and medicines being furnished free of charge. From the dispensary also 8036 visits were made to those too ill to apply in person.

The cost of organizing and maintaining the hospital and dispensary during this period of sixteen years (dating from the beginning until the old building was demolished to give place to the new), was \$193,872.44. This includes the cost of the original ground and buildings.

THE NEW HOSPITAL BUILDING.

That the old building was inadequate, poorly adapted, in fact, that its soul was too big for its body, had long been a settled conviction of the friends and management.

It was resolved to erect a building more in keeping with the demands of this large manufacturing city, which should be perfectly adapted to its work, and which would enlist the sympathy and support of the whole community.

The plans for such a building necessarily occupied the time and thought of the management, medical officers and architect for many months, and finally resulted in the present splendidly arranged and perfectly adapted structure. Every point and appointment has been most carefully considered, so that light, heat, ventilation and furnishment will represent the latest and best development in each particular.

The hospital has a capacity of 200 beds, and the dispensary facilities will be largely increased over those of the old hospital. Mr. J. U. Barr, of Pittsburgh, has been the architect and superintendent. The construction has been in charge of a building committee appointed from the Board of Trustees, consisting of Dr. J. F. Cooper, Chairman; H. J. Bailey, Dr. J. C. Burgher, William Crawford, Jr., and Joseph D. Weeks, Secretary, with W. H. Barnes, President of the corporation, and Dr. James H. McClelland, Chairman of the Executive Committee, members *ex officio*.

The hospital building extends from Second to First avenue, with a front on each avenue, the main entrance being on Second avenue. It has a depth of 160 feet, is four stories high, each story being 16 feet, with a 9-foot basement, is built of brick laid in black mortar, is modern in style, and is most thoroughly and substantially constructed, all the openings being arched throughout.

The building has two wings and a central or intermediate part. The Second avenue wing has a frontage of 88 feet, and a depth of 41 feet. This wing contains the general offices of the hospital, reception rooms, private wards, and autopsy rooms. In the central part of this wing, on the second, third and fourth floors, are convalescent and library rooms for the use of private patients. The main entrance is through this wing.

The First avenue wing is 87 by 31 feet, and contains the dispensary and eight general medical and surgical wards. The dispensary occupies the basement, and the wards the four floors, each floor being divided into two wards. The wards for the male and female patients have separate entrances, stairs, etc., and have no direct communication with each other, but each has communication with the central part of the building by means of halls, stairways, etc.

The central building, which connects the two wings, contains the chapel or assembly room, dining-rooms, matron's room, children's wards, lying-in department, convalescent rooms for the general patients, an admirably arranged and lighted operating-room, laundries and kitchen, fitted with all modern appliances.

A portion of the central building is divided into sub-stories in connection with the stairways. In these, and that part of the main story above them, are located the bath and toilet-rooms, rooms for the nurses, etc. These are connected with the central building and the First and Second avenue wings by cross halls and passages.

The operating-room, laundry, and kitchen are located on the fourth floor, an arrangement adapted to prevent any odors from permeating the wards. This central building contains three dumb-waiters, and one large passenger elevator. Two of these dumb-waiters are for the use of the laundry and kitchen, and the other for freight.

The building is finished throughout with hard wood. In the heating, both the direct and indirect systems have been adopted, and the entire structure is thoroughly ventilated.

The boilers, engine-room, etc., are located in the sub-cellar outside the building. All heating rooms are fire-proof or nearly so, no wood being used in their construction, except the doors, frames, and sashes.

Mr. Robert McCain was the general contractor for the building. The excavation was done by Messrs. Booth & Flinn; the stonework of the cellar by Messrs. Buente & Schmidt; the brickwork by Messrs. Steele & Hall; the slate and gravel roofing by W. B. Lupton & Co.; the carpenter-work under Mr. McCain's direction; the plumbing and gasfitting by Charles H. Humbert & Co.; the plastering by A. H. Lau-man; painting and glazing by John F. Cluley; galvanized ironwork by Rasner & Dinger and F. W. Irwin & Co.; iron work by Morris & Marshall; tile-work by Star Encaustic Tile Company; steam-heating by Kelly & Jones; elevators and dumb-waiters by Marshall Bros.; grates and mantels by L. H. Smith & Co.; wire-work by Taylor & Dean.

THE COST.—Although the cost may appear large at first sight, competent judges have asserted that it is the best-built and most complete structure of the kind that has been erected of recent years for the money. The additional ground necessary to give light, air, and side entrances to the building, has been purchased at a cost of \$33,000. The completed building will cost, in round numbers, \$155,000. When furnished and ready for occupancy the grand total cost will not exceed \$200,000.

TRUSTEES AND OFFICERS OF THE HOSPITAL FOR 1883-4.

Life Trustees, by Virtue of Contributions of \$1000 or Over.
—Major William Frew (deceased), Mr. William Thaw, Mrs. William Thaw, Mr. Andrew Carnegie, Mr. M. K. Moorhead, Mr. James B. Murray, Mr. Charles J. Clarke, Miss Jane Holmes, Mr. W. H. Barnes, Col. J. M. Schoonmaker, Mr. William Metcalf.

Trustees Elected from the Corporators: H. W. Oliver, Jr., Jos. D. Weeks, Geo. W. Backofen, Samuel Hamilton, J. C. Burgher, M.D., A. H. Childs, J. H. McClelland, M.D., Orlando Metcalf, J. F. Cooper, M.D., John Fleming, D. H. Fralich, Charles W. Robb, Esq., William Crawford, Jr., Edwin Miles, H. J. Bailey, J. B. McClelland, M.D., Hon. John H. Bailey, W. T. Shannon, J. W. Paul, Capt. James Boyd, Frank Semple, B. F. Jones, Col. William A. Herron, Hon. George H. Anderson.

President: W. H. Barnes. *Vice-Presidents:* William Metcalf, M. K. Moorhead. *Secretary:* Jos. D. Weeks. *Treasurer:* Frank Semple. *Librarian:* George W. Backofen. *Solicitor:* Charles W. Robb, Esq. *Executive Committee:* James H. McClelland, Chairman; William Crawford, Jr., J. F. Cooper, W. T. Shannon, Jos. D. Weeks, Secretary, with the President and Vice-Presidents *ex officio*.

MEDICAL BOARD.—*Consulting Physician:* J. C. Burgher, M.D. *Surgical Staff:* L. H. Willard, M.D., J. H. McClelland, M.D., C. P. Seip, M.D., W. R. Childs, M.D. *Medical Staff:* J. S. Rankin, M.D., C. F. Bingaman, M.D., W. J. Martin, M.D., R. E. Caruthers, M.D. *Obstetrical Staff:* H. Hofmann, M.D., W. F. Edmundson, M.D., J. B. McClelland, M.D. *Oculist and Aurist:* W. H. Winslow, M.D.

DISPENSARY DEPARTMENT.—*Consulting Physician:* J. F. Cooper, M.D. *Dispensary Staff:* John L. Ferson, M.D., R. Pitcairn, M.D., Charles H. Hofmann, M.D., L. G. Rousseau, M.D., Charles Gangloff, M.D. *Matron:* Mrs. S. W. Taylor.

THE LADIES' ASSOCIATION.

A powerful auxiliary in the management of the Homœopathic Hospital has been the Ladies' Association, under whose auspices the House-Warming was held. Much of the success that has attended this endeavor to furnish a refuge for the sick, the maimed, the dying, is due to their constant services and earnest labors. Not only have the members of this faithful society devoted much time and attention to the supervision of the internal affairs of the hospital, supplying clothing and many needed delicacies to the sick, but by systematic effort they continue to raise large sums of money toward the maintenance of the hospital.

The following constitute the Board of Managers and its officers:

President: Miss Mary E. Moorhead. *Vice-Presidents:* Mrs. William Thaw, Mrs. Philip Reymer. *Treasurer:* Mrs. S. Jarvis Adams. *Secretary:* Mrs. D. McCandless. *Assistant Secretary:* Miss Mary McCandless. *Honorary Members:* Mrs. Judge McCandless, Mrs. J. H. Swett, Mrs. Linford, Mrs. H. M. Rolfe.

Managers: Mrs. S. Jarvis Adams, Mrs. George H. Anderson, Mrs. T. B. Atterbury, Mrs. W. H. Barnes, Mrs. S. Baerman, Mrs. Carter Beggs, Mrs. Charles J. Clarke, Mrs. Josiah Cohen, Mrs. H. W. Fulton, Mrs. W. N. Frew, Mrs. Edward Gregg, Mrs. John K. Holmes, Mrs. Calvin King, Mrs. James Mellon, Miss Mary E. Moorhead, Mrs. M. K. Moorhead, Mrs. David McCandless, Miss Mary McCandless, Miss M. W. P. McClelland, Mrs. John McCullough, Mrs. J. W. Paul, Mrs. Philip Reymer, Mrs. J. E. Schwartz, Mrs. William A. Scott, Mrs. C. P. Seip, Mrs. William Thaw, Mrs. L. H. Willard, Mrs. Robert Woods, Mrs. Stephen Woods, Miss Sallie Woods.

We had hoped to be able to present our readers with a picture of the new building, and endeavored to secure the necessary cut; but up to the time of going to press it had not been received.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY C. MOHR, M.D., SECRETARY.

THE stated meeting of the Society was held at the Hahnemannian Medical College, on Thursday evening, November 8th, 1883, Dr. W. B. Trites, President, in the chair. Forty-seven members were present.

The minutes of the October meeting were read and duly approved.

Dr. Samuel Brown, Chairman of the Bureau of Pædology, reported having associated with him in the work to be pursued during the year, Drs. John K. Lee, R. C. Allen, H. N. Martin, and J. C. Morgan.

Dr. William T. Maguire, Chairman of the Bureau of Surgery, reported that Drs. C. M. Thomas, J. E. James, Duncan Macfarlan, and P. O. B. Gause had been selected to compose the bureau.

Dr. J. B. Kniffen, Chairman of the Bureau of Zymoses and

Dermatology, announced that at the December meeting the following subjects would be discussed:

"Cholera," by Drs. J. G. Smedley, and J. K. Wade.

"Erysipelas," by Drs. E. M. Gramm and H. T. Wilcox.

"Furunculous affections," by Dr. J. B. Kniffen.

Dr. C. Mohr, for the State Society Entertainment Committee, reported progress.

The report of the Standing Committee on Organization, etc., on the subject of the examination of persons seeking to begin the study of medicine under the preceptorship of members of the Society, was then taken up and thoroughly discussed.

DR. J. E. JAMES thought the Society should pass a motion instructing the Standing Committee to examine all applicants by some plan devised to conform to the spirit of the original resolution submitted to the committee. Such action would certainly show that the Society stood on solid ground on this vital question of medical education. He regretted the allusion to the financial condition of the college, and thought that to some, not acquainted with the character of the members of the faculty, misconceptions might arise and a belief prevail in the profession that unqualified men would be matriculated solely to get their fees. This, he was proud to say, is never done.

DR. W. H. BIGLER inclined to the belief that the preliminary examination should take place at the doors of the Colleges by a board of examiners chosen, by the faculty. Colleges, after all, he thought, must bear the responsibility of graduating fit or unfit men.

DR. A. R. THOMAS did not agree with Dr. Bigler. The faculty insisted on certain requirements before a student matriculates, but an examining board chosen by the County Society, ought certainly to merit the approval of the profession at large more than one selected by the faculty.

DR. P. DUDLEY said Dr. Bigler was right on one point, that the college ought finally to decide who shall graduate, but thought he erred in confounding a literary with a medical education. Before a student engages in the study of medicine, he should be examined as to his intellectual, moral and physical qualifications, and this should be done by a properly constituted board. This is done for the preceptor, the college looking to the latter to send only such men as are qualified, after at least one year's tuition in a physician's office, to matriculate for collegiate instruction in medicine.

After some further remarks, Dr. Dudley submitted, as a substitute for the original resolution, the following addition to be made to Section 2, Article VIII., of the By-Laws:

"It shall be the duty of the committee to make careful inquiry into the educational, physical, and moral qualifications of such persons, contemplating the study of medicine, as may apply to them, to issue a certificate, properly attested, to those found qualified, and to report the name and residences of all successful applicants to this Society at its regular meetings."

DR. W. B. TRITES, President, declared that under the rules, action on the proposed addition to the by-laws must lie over one month. He wished to say now, however, that he hoped for such careful consideration as would induce members to believe as he did, that the time had arrived when the Society should take a decided stand on this vital question of medical education. As a society we should all work to elevate the standard, so that the students of the Philadelphia College shall be the equals, if not the superiors, of any other school in the country. This, he thought, could be attained by some such means as was proposed in the resolution submitted months ago, and by him referred to in the annual address as a measure to receive favorable consideration.

DR. E. M. GRAMM, as the only member of the Standing Committee present, wished to defend the committee from any unjust insinuations that might be cast owing to the clause in its report referring to the finances of the college. He disclaimed any intention of making imputations against the faculty, every member of which the committee respected. Their only fear was, that, if the proposed resolution should pass, a stampede would take place, and the college be the sufferer when it could least afford it.

DR. JOHN E. JAMES assured Dr. Gramm and the committee, that he did not for a moment think that they had any intention of casting a slur on the college; he, in fact, knew to the contrary, but he only feared a bad impression might be made among the profession not so well acquainted with the Society, with its committee on organization, and with the faculty as he was, hence his remarks in opening the discussion.

DR. C. E. TOOTHAKER stated that he had watched with great interest the cause of medical education, and wished to testify that the Hahnemann College had done much to elevate the standard. He hoped Dr. Dudley's substitute would be adopted by the Society. He believed the college faculty would

take due cognizance of the opinion of preceptors as to the question of the fitness of students to enter college and graduate.

DR. A. KORNDORFER had had his attention attracted to this question of preliminary education for years. He believed the faculty had enough work to do without being called upon to see that each matriculate has had a suitable preliminary education. The faculty should make only one examination, and that the final one. Preceptors, as a rule, are unfit to make a proper examination of students, but a board of examiners chosen by the County Society is just what is needed. The members of such board should be responsible to the County Society for all acts in the premises.

Applications for membership were made by Drs. George W. Smith and James Kemble. Referred, under the rules.

DRS. A. R. THOMAS and J. E. JAMES were accorded the privilege of submitting a report on behalf of the trustees of the Hahnemann Medical College, in respect to the proposed new college and hospital buildings to be erected on the large site, Broad Street, north of Race Street, purchased for the sum of \$103,600. It was announced that a \$10,000 subscription had been made, two of \$5000 each, and several of \$1000 and \$500 each; more had been promised, and that it was expected, of course, that the members of the County Society would bestir themselves to aid the good work, and enable the trustees to construct buildings that would fitly represent the school of homœopathy in this city. The plans for the college and hospital were shown, and much interest was manifested.

The Bureau of Ophthalmology, Otology and Laryngology, Dr. H. F. Ivins, chairman, then submitted a report embracing the following valuable papers:

- (a) "Color Blindness," by W. H. Bigler, M.D.
- (b) "Cases illustrating the Value of Medical Ophthalmoscopy," by C. Bartlett, M.D.
- (c) "Bilateral Paralysis of the Abductor Muscles of the Larynx," by H. F. Ivins, M.D.

Without discussion of the papers, owing to the late hour, the society adjourned after the President had appointed Percival O. B. Gause, M.D., chairman of the Bureau of Ophthalmology for the ensuing year.

DECEMBER MEETING.—The stated meeting was held at the Hahnemann Medical College, on Thursday evening, December 13th, 1883, Dr. W. B. Trites, President, in the chair. Thirty-

five members were present. The minutes of the November meeting were read and approved.

The Censors reported favorably on the applications for membership by Drs. George W. Smith and James Kemble, whereupon these gentlemen were duly elected.

Dr. C. Mohr, for the Committee on Entertainment of the State Society, made a final report, more especially financial. The receipts and expenditures were given in detail, as they had been presented to and audited by a committee of three appointed by the general committee. The receipts amounted to \$601; the expenditures to \$592.60, leaving an unexpended balance of \$8.40. The report was accepted; the balance was ordered to be paid into the treasury of the society, and the committee was discharged.

On the question of the adoption of the proposed addition to Article VIII., of the By-laws, providing for the examination of persons intending to engage in the study of medicine, there were some objections. Dr. John K. Lee believed the law would be inoperative, as it carried no obligation with it. Drs. J. C. Morgan and A. Korndoerfer thought so too, and believed the standard of the educational qualifications should be defined in the law. Similar views were expressed by other members, and it was finally moved by Dr. John K. Lee, seconded by Dr. J. C. Morgan, that a committee of three be appointed to draft a new by-law in conformity with the views just expressed, and to report at the next meeting. The motion was carried unanimously.

Drs. E. S. Sharpless and J. T. Ridge applied for membership. Referred to the Censors, under the rules.

Dr. J. B. Kniffen, chairman of the Bureau of Zymoses and Dermatology, next submitted a report embracing papers on Erysipelas and Furunculous Affections. He regretted that Drs. Smedley and Wade did not produce the papers on cholera, as announced, and the failure of Dr. E. M. Gramm to write on the Etiology and Diagnosis of Erysipelas. [The secretary apologized for Dr. Wade, who is confined to bed with pneumonia.]

The papers were read and accepted, and discussed by Drs. J. C. Morgan, A. Korndoerfer, W. T. Maguire, J. K. Lee, E. Fornias, and S. H. Quint.

Dr. D. M. Castle was appointed chairman of the Bureau of Zymoses for the ensuing year, and then the society adjourned.

1884.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. VI.

Philadelphia, Pa., January, 1884.

No. 1.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

DIVISIBILITY OF MATTER.—In our last issue we directed attention to the fallacy of making the 6th centesimal the standard potency. We desire now to add a few words concerning the divisibility of matter, and the inadequacy of the microscope as a test for the presence of particles of the original drug in a potentized preparation.

In the first place, however, it is an untenable theory, which declares that the spirit of a drug is transferred, its material envelopments being gradually thrown off in the process of attenuation. We cannot comprehend how the “spirit” or “force” of Aconite, for instance, can be disembodied and made to act with the alcohol or triturating sugar of milk as a substitute. It must be, then, that there are degrees in matter, and so long as a thing exists as an entity here in this natural world, it must be composed of matter of one or other degree. We know of four forms, solid, liquid, gaseous, and “the fourth state;” who will say there is not a fifth or a sixth?

That matter is so divisible that the most powerful micro-

scope fails to disclose its infinitesimal particles, is well shown in the following:

"The individual particles of the finest floating matter of the air, lie probably beyond the reach of the microscope." By directing a condensed electric beam upon the air, we find "crowds of particles—not hypothetical, nor potential, but actual and myriadfold in number—showing the microscopist that there is a world far beyond his range." . . . And Mr. Dallinger finds "that the germs of monads survive in a medium raised to a temperature which destroys the adult, and that precipitated mastic particles like those mentioned above, are not to be discerned *by a magnifying power of 15,000 diameters.*"—(Tyndall's *Floating Matter in the Air.*)

Of course the facts here set forth do not prove that Aconite or Zinc can be so comminuted as to evade the microscopist's search; but they prove that it is possible to discover organized forms that transcend the magnifying glass. And so we should hesitate before we attempt to limit drug-division.

It may be urged in opposition to our position, that molecules vary in size; those of bacteria germs may be hyper-microscopic, but those of plants and minerals have a determinable size. When, therefore, we see the latter steadily diminishing during the process of attenuation, are we not justified in concluding that the drug is lessening in quantity and in specific activity? Possibly the answer to this question is, yes. But to be of any avail in an argument, such a conclusion must be supplemented by proof that a drug consists of no finer molecules than those thus far detected, and that its curative power ends in its visible particles.

It seems to us, then, that the potency question is to be answered only by a full and impartial investigation into hyper-microscopic forms of matter, and there are several ways in which such inquiry can be made. Possibly the condensed electric beam will be useful. We hope at an early day to lay before the profession a series of crucial experiments, that may throw some light upon the vexed subject.

TRAINED NURSES.—Among the perplexities that daily beset the physician, none are more inexcusably frequent than annoyances from unskilled nurses. Necessity, rather than choice, often forces women to gain their livelihood by taking care of the sick. With a letter of recommendation from some influential friend, often a physician, the woman begins the arduous

duties of the nurse, and this too, without education or training, and often, also, with little or no genuine love for the calling. So soon as she acquires a smattering of knowledge, she uses it to the disadvantage of both patient and doctor, illustrating the trite old adage that "a little knowledge is a dangerous thing." And, further, over-confident in her own ability, she becomes arrogant, meddlesome, and unbearably conceited. Instead of being faithful to the attending physician, she obeys directions unwillingly and imperfectly, complaining, meanwhile, to the patient of the treatment prescribed, and hinting, if not openly declaring, that she herself could do better than the doctor is doing.

If she is a "monthly" nurse, she displays her unfitness by her ignorant remarks concerning the progress of labor and the state of the woman during the lying-in, by untimely and unentertaining conversations with her patient, and often, too, by untidy personal habits; annoying and disgusting to sensitive nerves. Presuming on the weakness and helplessness of her charge, she denies many reasonable requests, either flatly refusing to attend to them, or turning them off with fictitious and false excuses.

We do not, of course, intend our remarks to apply universally. But that they are very often applicable must be evident to every doctor, as they are to many victimized mothers and invalids.

How different all this is from the behavior of the true nurse—one who has the genuine love of woman, and who is trained in the duties of her calling. Sympathetic, but firm; tender and gentle, but effective; quick to anticipate the needs of her patient, well-informed to perceive with keen eye every change in the progress of the disease, skilled to be of service in every emergency, she is indeed an angel of mercy, ministering, as only woman can, to the needs of the sick, and making herself a priceless blessing rather than a burdensome nuisance.

In view of the importance of the work, why cannot homœopathic physicians in cities where there are hospital facilities, institute schools for the training of nurses? Philadelphia, thanks to the energy of the managers of the *Children's Homœopathic Hospital*, has started such a school; may other organizations here and in other cities speedily follow suit.

Notes and Comments.

ORIGIN OF THE SOUL.—The ancient Egyptians believed that the soul was derived through the mother.

MINUTE DIVISION.—A bushel of timothy contains 55,000,000 seeds; a cock-roach has 3000 teeth; an ant's brain 490,000 molecules.—*Exchange*.

EFFECTIVE SURGEONS.—The Fakirs of India, it is alleged, can cut a piece out of one's arm and then replace it so adroitly that not even a line of demarcation appears. Can we not import a few to serve as expert surgeons?

GANGLION FOR THE CERVIX UTERI.—According to Frankenhäusen a distinct ganglion furnishes nerves to the cervix uteri. Jastreboff thinks a plexus exists in place of a so-called ganglion. The sacral nerve can be traced into it.—*Allen's Anatomy*.

ATOMIC THEORIES.—And now we hear that Professor Cook declares our atomic theory all wrong! What is to be done with the chemistries and their tables? And worse than all, what is to become of theories based upon hypothetical atoms and monads?

KAKKE.—The disease, called *beri beri*, or *kakke*, exists in Yokohama and its neighborhood. It is characterized by general muscular degeneration and nerve-atrophy, and in some cases by extensive anasarca. The patient, if not too far gone, recovers rapidly, if removed for a few weeks to the mountains.—*Phila. Med. Times*.

EGYPTIAN SURGERY.—Among the six hermetic books of medicine mentioned by Clement of Alexandria, was one devoted to surgical instruments; otherwise the very badly-set fractures found in some of the mummies do little honor to Egyptian surgeons.—*Uarda*, vol. i.

ARBUTIN.—Uva ursi furnishes us with a glucosate called *Arbutin*, which acts as a diuretic. It is eliminated by the kidneys partly in the form of hydrochinon—a substance closely allied chemically to phenol. It may be used even in specific urethritis.—*Centralblatt für Klin. Med.*

SYPHILITIC INFECTION.—Syphilis, it is asserted, is less likely to be communicated to the fetus when maternal infection occurs during the last months of pregnancy. The reason for such immunity lies in the fact that the child, near the close of gestation, is more independent of the mother.

PUNNING.—“I understand you said your charges would be light,” complained a patient who had received an exorbitant bill. “I believe,” was the reply, “that I said my charges would be nominal, but”—“Ah, I see,” interrupted the patient, *phe-nominal*.” A liberal discount was made at once.—*Chemist and Druggist*.

PHOTOGRAPHING THE VOCAL APPARATUS.—Recently some valuable experiments in photographing the larynx and soft palate at the instant of singing have been made. A powerful electric light was thrown into the throat, the subject then sang a note, and the actual position of the vocal ligaments, uvula, etc., was photographed instantaneously.

AMBIGUOUS.—The chlamidomyxis labyrinthuloides, in its early condition, inhabits the leaf-cells of the sphagnum, and departs itself after the manner of a member of the vegetable kingdom. By-and-bye, however, it augments in size, ruptures its leafy prison walls, and thereafter behaves precisely like an animal form. To which kingdom does it belong?

ORIGIN OF DUDES.—At a recent meeting of the British Association it was claimed that the conjugate diameter of the mother's pelvic brim acts as a gauge of the brain-power of her offspring by forbidding the birth of large-skulled children. As, other things being equal, size of brain indicates degree of intelligence, the mother's pelvis is responsible for the mental capacity of her offspring.—*Med. Times and Gazette*.

Is this one of the causes of the intellectual degeneration of our young men, and of the increasing number of dudes?—ED.

CRYING IN UTERO.—Dr. Anna Warren is responsible for the following: I found the mother in the eighth month of pregnancy. The membranes had been ruptured and the waters had escaped. The uterus was low down and the os dilated. The presentation was facial, and so the fetus could get sufficient air to give vent to its voice. The woman went to full term and gave birth to a healthy child.—*Med. Counsellor*.

PRIESTS AS DOCTORS.—Egyptian physicians were priests, and lived on the income which came from landed property, gifts of the king, contributions of the laity, and their share of the state revenues. They expected no honorarium from patients, but the cured seldom neglected to make presents to the sanctuary whence physicians came, and it was not unusual for the priestly leech to make recovery conditional on certain gifts to be offered to the temple.—*Eber's Papyrus*.

SHALL COLLEGE PROFESSORS BE STATE EXAMINERS?—At last, one medical periodical, the New York *Medical Journal*, has awakened to the possibility that, after all is said to the contrary, the men best qualified to examine applicants for licenses to practice medicine, are those who have had experience in teaching it. The chief objection urged against it, is the temptation which a college-man might be under to favor the graduates of his own institution, an objection which can be put aside by simply preventing the examiner from knowing whom he is examining—a thing of easy accomplishment, and already in common use.

ANIMATE HONEY-COMBS.—In Colorado are ants, whose abdomens are walled off by elastic membranes into ten compartments. There is also in each ant a sort of crop, situated anteriorly to the stomach. Worker-ants gather honey and force it into the crops of the honey-bearers, until the crops and abdomens of the latter are enormously distended. These latter ants hang conveniently from the walls of the ant nest, and when a hungry ant seeks a sweet meal, he applies his mouth to that of one of the animated honey-combs, and the latter, by muscular contraction, ejects a few drops, which are eagerly lapped up.—*Encyclopedia Americana*, vol. i.

TO PREVENT MAMMARY ABSCESS.—Dr. Richard Wood is convinced that no breast, during lactation, would ever suppurate, if proper preventive means were used. So soon as the nipple is in the least sore, he applies a glass shield with a rubber nipple, and orders frequent topical employment of Glycerite of tannin. If indurations, etc., appear, he uses Belladonna liniment externally, and gives internally a 5-grain pill of Calomel and a mixture consisting of appropriate portions of Bell. tinc., Magnes. sulph., Spiritus chloroformi, Aqua distill. "The nurse should not be afraid to give brandy if there should be signs of fainting from the violent action of the aperient."—*N. Y. Med. Journal*.

STRONG MEDICINE.—Mr. Isaacs, represented as learned in Persian mysteries, healed a wound caused by a blow on the back of his head in the following heroic way. Calling for an assistant, he commanded the latter to protect his own nostrils with wax, and to cover his mouth with a silk hand-

kerchief, and then to open a certain potent vial and rub the contents hastily over the wound on the head of Mr. Isaacs. "Then leave the room at once," says the latter; "I shall go to sleep. You will wake me easily at twelve by coming in and lifting my head. If you should forget to wake me and I should still be asleep at one o'clock, I shall never open my eyes again."—Crawford's *Mr. Isaacs, a Tale of India*.

SCIENCE IN DANGER.—The National Academy of Sciences, in recent session at New Haven, Conn., decided that the existing theories concerning the sun will have to be abandoned as untenable. Professor Young, who was present, admitted that the sun's atmosphere is not what we understand by our atmosphere. "If not," says a daily paper, "then the scientific use of that term in explanation of solar phenomena is merely a shift to conceal scientific ignorance."

"The centre of our system," caustically observes the *New York Tribune*, "is, to-day, as profound a mystery to us as it was to the Chaldeans and Akkadians, and the Asiatic hypothesis of a subtle cosmic force, of which the sun is the storehouse and centre, is not more undemonstrable than the hypotheses with which our astronomers and physicists amuse themselves and perplex the lay public." Elsewhere we have called attention to Professor Cook's subversion of atomic theories, and now our notions of the sun are declared fallacious. Is not science growing dangerously ill?

New Publications.

A HAND-BOOK OF DISEASES OF THE SKIN. By J. R. Kippax, M.D. Second edition, revised, enlarged, and illustrated. Duncan Bros., Chicago.

The exhaustion of the first edition, and demands for a second, are proofs positive of the need in the homœopathic school of a work on skin affections.

Dr. Kippax has given us, in the book under notice, excellent material, briefly disposed and well described. Still, the work is open to the same objections we referred to in reviewing the first edition: the recommendation of local applications that may suppress rather than cure. This is ill-advised in a book on *homœopathic* treatment.

The homœopathic indications are excellent. Still, we object to the replacement of Hepar by Calcium sulphide; the two are not exactly interchangeable. And we protest against the spelling of Staphisagria with a "y"—an error we have repeatedly called attention to. F.

A TREATISE ON SYPHILIS IN NEW-BORN CHILDREN AND INFANTS AT THE BREAST. Translated by G. Whitley, M.D., with Notes and an Appendix by F. R. Sturgis, M.D. Being the October number of Wood's Library for 1883.

In place of the promised treatise on hereditary syphilis, Dr. Sturgis secures a translation of M. Diday's work, which was written as long ago as 1850. Annotations and an appendix are employed to express some minor differences from the text, arising from recent and extended experience in his reports of hospital service in several countries. F.

A DIGEST OF MATERIA MEDICA AND PHARMACY. By Albert Merrell, M.D. Published by P. Blakiston, Son & Co. Philadelphia, 1883.

A few years ago, homœopathy was never mentioned by allopaths except in derision. Now its remedies are very generally adopted, and many of its writers are referred to in allopathic standard works. We rejoice at these evidences of progress. Still, we believe that many vicissitudes of fortune must precede the time when medicine will cease to be sectarian.

At present the attitude of allopathy towards homœopathy is one of conciliation, provided, only, the latter school drops its distinctive name. It seems to be the opinion of old-school writers that principles are of little account; facts, clinical experience, are all that we need, and constitute a common ground for all schools to meet upon.

Agreeably to what we have said, Dr. Merrell makes bold to offer the profession a book that he terms truly eclectic. "Truth," he says, "is the property of no one school, and as each possesses special merit, it is the duty of progressive and conscientious physicians to dispassionately examine all remedies and curative methods, and exercise in perfect freedom their right to adopt such as commend themselves as useful for the cure, palliation, or prevention of disease." He then proceeds to lay before us a digest of a very large number of drugs. Under the heading "uses," he mentions allopathic, eclectic, and homœopathic indications, going, in some instances, so fully into the latter, as to give "key-notes."

While perfectly non-committal on the questions of potencies, similia, etc., the doctor teaches that only single remedies should be given, and that these should be administered "in small doses, repeated until the desired effect has been produced, and then withdrawn" (p. 55). He recommends decimal triturations up to the 10th. These are certainly unparalleled innovations, and it remains to be seen how they will be received. We sincerely trust that they will meet with favor, for they will remodel allopathic therapeutics and add greatly to professional success.

Meanwhile we see in books of this sort a serious danger. The weak-kneed, and the so-called liberal-minded, may be induced by compromises to relinquish the homœopathic name and law, and join the rapidly growing band of non-sectarians. Thus, will medicine, true medicine, suffer for want of proper support. To all the tempted we extend this piece of advice. No firm and lasting progress can be made without principles as guides. The homœopathist has a law, one of nature's eternal truths, let him never desert it. Dr. Merrell's book is full of practical facts, but it recognizes no settled principle by the use of which new facts can be obtained; and yet every fact he collates from our literature *was learned and confirmed by the application of a law*. Will the reader choose to remain subject to the discoveries of others, or will he adhere to a principle that will continually afford him new truths and teach him how rightly to employ those already known?

Thus qualified, we recommend Dr. Merrell's book to all who want a full, yet terse, *materia medica* of facts derived from all schools. The publishers deserve great praise for excellent type, paper, and binding. F.

THE DISEASES OF THE EYE, THEIR MEDICAL AND SURGICAL TREATMENT. By J. H. Buffum, M.D., O. et A. Chir. Chicago: Gross & Delbridge, 1884.

The need of a standard work which shall fully consider the etiology, symptomatology, diagnosis, and homœopathic treatment of diseases of the eye, has long been felt by the general practitioner. The treatise by Drs. Allen and Norton, on *Ophthalmic Therapeutics*, helps to fill a great gap in our literature; but only considering, as it does, the homœopathic therapeutics of ophthalmic disorders, it does not fully meet the wants of our physicians.

Dr. Buffum, in the preface of his book, states that it has been his design to present in the following pages, "as concisely and briefly as possible, the present views of ophthalmic science." "The causes, symptoms, differential diagnosis, and treatment of those diseases which are more commonly met with in general practice, have been fully considered." No claim is made for originality beyond that due the author for presenting such methods of treatment as have borne the test of experience in private and hospital practice. An apology is offered for the omission of mention, in the body of the work, of the authorities consulted in its preparation, an omission made necessary by the brevity of the book. A "bibliography" has, therefore, been appended.

The book then, containing as it does but little original matter, must be reviewed, favorably or unfavorably according to the manner in which, the author has compiled, and the clearness with which he has presented, the results of the labors of original workers in ophthalmology.

The plan of Dr. Buffum's book is essentially the same as that of Dr. Noyes, published in the 1881 series of "Wood's Library." The table of contents of one book is very similar to the other. The second chapter of the book under review, closes with a short section on keratotomy. This subject, to say the least, has not been well presented. The author, in describing this method of examining the eye, says: "The patient may be seated about forty inches distant, with the light to one side, so that it falls upon the mirror and is reflected into the pupil of the eye to be examined, in a very oblique direction." "To determine the amount of the error, lenses are rotated *behind** the mirror until in the case of hyperopia the image moves with the rotation of the mirror." According to the method of applying keratotomy above described, it would be impossible to test the refraction of any eye. Let us suppose a case in which there is a hypermetropia of $\frac{1}{2}$. Let us suppose the observer to be emmetropic. The refraction is to be tested by keratotomy, and the directions given by Dr. Buffum are to be followed. The light is reflected from the ophthalmoscopic mirror into the eye to be examined, and on rotating the mirror the image is found to move in the opposite direction. Convex lenses are rotated behind the mirror. An insurmountable difficulty now presents itself. By the time

* Italics throughout are ours.

that the $\frac{1}{3}$ lens is reached, the observer finds that perception of an image or shadow, back of the pupil, has been nearly lost, and this notwithstanding the fact that the lens back of the mirror is weaker than that required to neutralize the hypermetropia. The proper position for placing the lenses, in practicing keratotomy, is not behind the mirror, but immediately in front of the patient's eye, as in case of testing refraction by the ordinary method.

In the consideration of the various mydriatics, sulphate of Duboisia is recommended as useful in certain cases in which the eye shows an intolerance of Atropia. The solution recommended, 4 grains to the ounce, is, in our opinion, too strong. In many cases, it is true, it may be employed with benefit; but should the patient be susceptible to the action of the drug, very annoying results may follow. Cases have been reported in which incontinence of urine, lasting two or three weeks, has followed the instillation of a 4-grain solution of Duboisia. For all practical purposes, we have never been obliged to resort to a solution stronger than 2 grains to the ounce, and even this, we must acknowledge, has occasionally produced annoying vertigo.

Among the remedies recommended as of value in hastening the absorption of intra-ocular effusions of blood of traumatic origin, we find *Crotalus* mentioned. *Wherein lies the homœopathicity of this prescription?* *Crotalus* we know has been recommended as valuable in apoplexy of the retina. In common with the other snake poisons, it produces disorganization of the blood, as a result of which, we have hæmorrhages from various parts of the body. In the case of traumatic hæmorrhages, we assume that the blood itself is normal, and not in the disorganized state so characteristic of *Crotalus*. We fail then to see how this use of *Crotalus* is derived from the teachings of homœopathy.

In his consideration of the treatment of paralysis of the ocular muscles, the author says that "faradism and galvanism may prove beneficial, and in some cases effect a cure alone. The galvanic current appears more useful than the faradic, and the application should last but a minute, and be made daily. A small bulb electrode, covered with wet chamois skin, may be applied to the conjunctiva directly over the insertion of the muscle, or in the same position upon the closed eyelid. The other pole may be applied to the occiput or to the mastoid. Usually the negative electrode should be applied to the eye, but some cases will be more benefited by the reverse current." The fault which we have to find with this teaching is, that the continuous galvanic current, instead of the interrupted, is advised.

Decentred glasses are, undoubtedly, invaluable agents in the treatment of muscular asthenopia; and we regret that Dr. Buffum did not, in referring to them, state the manner of decentering according to the effect desired. Take for instance a case of asthenopia dependent on weakness of the internal rectus in conjunction with myopia. We correct the myopia by suitable concave lenses, and at the same time decentre the glasses by moving them outwards, thus obtaining from them a prismatic effect. In case of

association with hypermetropia, decentering in the reverse direction is proper.

On page 127, tenotomy of the *internal* rectus is recommended for the relief of divergent strabismus. This is evidently a misprint, but for all that, it is an inexcusable error, especially so, as the book is intended for the instruction of the beginner in ophthalmology.

The section on *mystagmus* is so vaguely constructed, that we fear it will give to the reader the idea that this affection is a very curable malady, instead of the obstinate one it really is. Nothing is said of its occurrence as a symptom of disease of the central nervous system.

We doubt if many surgeons will approve of Dr. Buffum's directions for performing the operation of "slitting the canaliculus." The operator is advised to stand behind the patient. This does very well providing it is the right eye on which he desires to operate. But if the left eye is the one affected, he must either take a position in front of his patient or else use the left hand.

In speaking of the treatment of paralysis of the orbicularis palpebrarum the author says: "To prevent danger to the cornea, plaster strips may be used to close the eye. At night closure of the lids with pressure of the fingers will be sufficient to retain them* in their position during sleep." This advice will not always be available in practice, for cases of facial palsy will arise in which the eye remains wide open during sleep, do what we will to remedy the evil. In recommending electricity as a remedy for paralysis of the orbicularis, the faradic current is preferred, "the negative electrode to the neck, and the positive to the muscle, for ten minutes daily." The merest tyro in electricity cannot fail to recognize the error in this teaching. The rule for the selection of the different currents in cases of paralysis is, select that current which shall the most readily produce contraction of the affected muscle. In facial paralysis, as well as in other paralyzes of peripheral origin, the affected muscles react feebly or not at all to the faradic current, while they respond more readily than in health to the stimulus of galvanism. The slowly interrupted galvanic current then, should be used in cases of paralysis of the orbicularis, the positive electrode being placed over the facial nerve as it emerges from the stylo-mastoid foramen, and the negative over the motor point of the affected muscle.

The directions for the use of Eserine and Atropine in corneal ulcers are certainly contradictory. Let Dr. Buffum speak for himself. "In all cases of ulceration of the cornea, Atropine solution is indicated, and should be applied frequently enough to cause a full dilatation of the pupil. *Atropine is particularly indicated if the ulcer is central and sthenic.* If peripheral and asthenic, *an Eserine solution is MORE suitable.*" "If the ulcer is sthenic, rest in bed and cold applications, together with the use of *Atropine or Eserine,*

* This pronoun evidently is meant to stand for "lids," but from the construction of the sentence, it might readily stand for "plaster strips."

are necessary." "If asthenic, hot fomentations or hot compresses should be used, *Atropine* or *Eserine* as before, and a generous and stimulating diet."

Taking the book as a whole, we find, pervading the entire volume, evidence of great haste in its preparation. Sentences and phrases are carelessly strung together, so that at times the reader does not immediately arrive at the author's meaning. What greater ambiguity can be found than that residing in the following passage: "Cases [of retinitis albuminurica] occurring during the course of acute diseases of the kidney, usually clear up and leave little impairment of the vision, unless the macula is affected, when there is a prompt recovery from the kidney lesion." What does the author mean when he speaks of the "fifth nerve of the cornea, conjunctiva or iris?"

Errors in using either the wrong word or words not belonging to the English language (or any other for that matter) are occasionally met with. Thus, the author speaks of "cell proliferation," and "granulated lids," and calls into use the word "monolateral." The latter word we do not remember ever having seen in print, excepting in "*Noyes on Diseases of the Eye*." It certainly is not to be found in our copy of Webster's *New Unabridged Dictionary*.

Another peculiarity noticed in the book, is the almost complete absence of reference to homœopathic authorities. Those who have been honored by mention, are Drs. Allen, Norton and Lebold, of New York, and Wanstall of Baltimore. The former three were Dr. Buffum's instructors. The exclusion of homœopathic authorities in the make-up of the book may have been good taste, but still we have a lurking suspicion that the lamented Woodyatt made some few important contributions to ophthalmic science, and original ones too. Yet, if we mistake not, no honor for these is accorded him by Dr. Buffum.

We are aware that the book was written for the general practitioner. The fact that care in its construction was sacrificed to haste in preparation, mars its value to him. Nor do we think that the specialist will place a high value on the book, as it contains nothing which, we believe, he will not find equally well presented elsewhere.

Homœopaths certainly do need works on special subjects, written by our specialists, but we cannot afford to have them brought out hurriedly and placed before the profession in a half-completed state. Books thus published cast discredit not only on the author, but also on the medical school of which he is a member. We homœopaths in particular, should maintain a strict supervision over our literature, for our opponents of the allopathic school are continually charging us with illiteracy. How can we refute this charge, unless by our literature we prove its falsity? There can be no excuse for presenting to the profession a hastily prepared book. Of such we have already had an "ample sufficiency."

So, better by far had the author, before giving his book to the medical profession, referred to Ecclesiastes xii:12, for therein would he find the following pertinent advice: "And further, by these my son, be admon-

ished, of making many books there is no end." Then might the publication of his book have been postponed for a time, and then would a book have been issued which would do honor to both the author and his profession, for we believe that Dr. Buffum is capable of writing one far better than that with which he has presented us.

The publishers also are not above criticism. The wood-cuts in the book are, in the main, good. Of the colored plates, the best that we can say, is that they are anything but artistic. We doubt very much, if the student, after viewing the plate representing a case of blepharo-adenitis, will be prepared to recognize the disease when he meets with it in practice. Figure 3 of Plate III., is a representation of a case of phlyctenular keratitis. A blue ring is here shown around the cornea. What its significance is we do not know. Some of the other plates are not above criticism. B.

THE PHYSICIAN'S VISITING LIST FOR 1884. Lindsay & Blakiston.

Besides some very important information for the physician, this list contains blank leaves for visiting list, for monthly memoranda, addresses of patients, nurses, etc., obstetric and vaccination engagements, record of births and deaths, etc. B.

MANUAL OF GENERAL MEDICINAL TECHNOLOGY, INCLUDING PRESCRIPTION WRITING. By Edward Curtis, A.M., M.D. Wood's Pocket Manuals.

In this book, the technicalities of prescription writing are discussed at especial length, and are made to include so much of the elements of Latin as are necessary to the art. Prescribing according to the metric system is also treated of in full. B.

Cleanings.

OBSERVATIONS ON CERTAIN CEREBRO-NEUROUS DISORDERS PECULIAR TO WOMEN.—Dr. Thomas More Madden attributes the increasing frequency of insanity and nervous disorders among women to the following influences: 1st. The premature or undue stimulation of the sexual functions. 2d. The misdirected tendencies of female education, in those cases in which it is sought to force woman's intellect into channels and pursuits which nature obviously intended for the opposite sex. On the other hand, the neglect of suitable moral, mental, and physical training during youth, or of any fitting occupation in more advanced life, which is so general in the better classes, and amongst those who pass as fairly educated women, that it becomes a potential factor in the etiology of the nervous disorders in question. 3d. There is an increasing prevalence of alcoholism in all classes of modern society. The craving for alcohol in confirmed inebriates may frequently be traced to the first painful menstrual period where stimulants are too commonly pressed by foolish advisers. The pains of dysmenorrhœa once thus relieved, the patient naturally, and no longer unwillingly, seeks similar solace.—*Amer. Jour. of Obstet.*

SYPHILITIC PHTHISIS.—There are two ways in which syphilitic disease manifests itself in the lung. 1. In an otherwise favorable general condition,

and without noticeable symptoms of syphilis, there appears in a circumscribed spot in the lung, a syphilitic neoplasm. In this limited area, there are found the signs of consolidation and even of destruction of the lung accompanied by slight cough, scanty expectoration, and rather disproportionate dyspnoea. On the other hand, the decided fever, perspiration and diarrhoea of phthisis are altogether wanting. If such cases are properly treated with mercury, recovery ensues. 2. In a second class of cases, including a decided majority, syphilitic processes set up in the lung in more advanced stages of phthisis, accompanied also by simultaneous, easily recognizable syphilitic lesions in other organs. This form corresponds very closely in certain of its clinical aspects with advanced phthisis. There are here, also, cough, emaciation, diarrhoea, and albuminuria. On the other hand, it is characterized by the total absence of fever. These very feeble, emaciated persons, presenting the physical signs of destructive disease of the lungs and larynx have not fever, and if, from time to time, a slight rise of temperature occurs, it is never above 101.3° F. and exhibits not the slightest similarity to the hectic fever of phthisis. In strong contrast to this, is the high degree of emaciation and debility, the pale, waxy, yellowish face being rather that of a patient with some malignant disease than that a phthisical case. In like manner, night-sweats are either totally absent, or they are very trifling. Finally, the expectoration of blood is comparatively rare, at least very much more so than in common phthisis, while the dyspnoea is altogether out of proportion to the local disease. The cases of the second group never recover.—*Medical News.*

THE NEUROTIC ORIGIN OF PROGRESSIVE ARTHRITIS DEFORMANS.—In a paper read before the New Yew York Neurological Society, Dr. Leonard Weber said that among the comparatively large number of cases of arthritis deformans which he had seen in the last twenty years, he could not but recognize in sorrow and grief, fright, irritation, and exhaustion of nerve-centres by sexual indulgence and the leading of a dissolute life, factors just as potent in producing the disease as rheumatic influences, if not more so. Again, remembering the symmetrical appearance and progress of the disease in most cases, no more plausible explanation seemed possible than the supposition of causes located in the central nervous system. The neuralgic and tropho-neurotic symptoms also support this view, though it was not to be forgotten that in a spine stiff and deformed by arthritis, there might easily occur changes of innervation producing neuralgias and tropho-neurotic changes, secondary in character. Finally, the negative effects which he had had in treating polyarthritis deformans after the usual anti-rheumatic method with Iodides, Colchicum, etc., and on the other hand, the very positive results obtained in similar cases by the galvanic treatment of the central nervous system, combined with a generous diet and the persistent administration of cod-liver-oil and iron, led him to believe in the neurotic origin of the disease in many cases.—*N. Y. Med. Rec.*

CELLULOSE AS A DRESSING FOR WOUNDS.—Dr. Fischer of Trieste proposes (*Jour. de Med., de Paris*), the employment of Cellulose as a dressing for wounds. Before it is applied the cellulose is impregnated with water or some medicated solution; it is then covered with an impermeable substance, such as rubber-cloth. This method of dressing is particularly applicable to wounds, the cicatrization of which is favored by moist heat. Fischer claims the following advantages for this method: 1. On account of its perfect purity, it is preventive of septic conditions. 2. It is extremely light and will have none of the bad effects sometimes occurring with heavy dressings. 3. It causes neither erythema nor erysipelas in the vicinity of the wound. 4. The heat and humidity are preserved for twenty-four hours or more. It does not adhere to granulating surfaces. 6. It can be perfectly adapted to

any surface upon which it is desirable to place it. 7. It is cheaper than other substances used for dressing wounds.—*Med. News.*

ANOMALOUS CASES OF PARKINSON'S DISEASE WITHOUT TREMOR.—A well-developed case of Parkinson's disease (paralysis agitans) presents the following symptoms: A bending forward; a rigidity of the articulations, with a tendency to fixation in flexion; tendency to propulsion; motionless attitudes; deliberate movements; slight general weakness; rhythmical tremors, which are made worse by emotion or excitement of any kind, are not made worse by voluntary movement; can generally be temporarily stopped by an effort of the will and cease during sleep and artificial anaesthesia; an hypertrophy of the muscles affected; a peculiar deformity of the hand; fingers not flexed on themselves, but semi-flexed on the hands, and thumb opposed to the index; staring and half-smiling expression; immobility of the face; speech slow and between the teeth; voice apt to be piping; a sensation of heat; aching pains; emotional state; fair preservation of intellect. Now, there may be cases of Parkinson's disease without tremor. The published cases of these are so rare that Dr. R. W. Amidon presents abstracts of them. These cases were observed by Charcot, Buzard, and himself. In all of them many of the characteristic symptoms enumerated above were present, but there was a complete absence of tremor.—*Med. Rec.*

HOT WATER ENEMATA IN DELIVERY.—Dr. D. S. Beckingsal believes that hot water enemata, as a means of hastening delivery, apart from its use in the removal of faecal accumulation in cases of tedious labor in which either ergot or the forceps is admissible, has been hitherto unaccountably ignored in practice. Formerly he had warm water enemata given with the usual object of removing faecal obstruction from the rectum. In most cases an increased rate of dilatation of the os followed. Latterly he has had enemata of hot (not merely warm) water administered, whether there was any appreciable collection of faeces or not, and always with the result of an accelerated rate in the progress of labor. The hot water, probably, acts as a direct and powerful stimulant to the uterine muscle, and also to the voluntary muscles engaged in the act of parturition. There is less atony of the uterus after delivery, where a hot enema has been given, and consequently less tendency to post-partum hæmorrhage.—*Br. Med. Journ.*

THE DIAGNOSIS OF GASTRIC DISEASES.—A number of new methods have been devised of late for the more exact examination of pathological disturbances of the stomach. The use of substances which are rapidly taken into the blood and reappear in the saliva and other secretions, the washing-out of the stomach and the examination of the fluid thus obtained, the gastroscope, palpation, percussion, and surface thermometer, all combine to make the examination of gastric disease much more definite than it used to be. Quite recently M. Rommelaire has added to the above methods of research another one, viz.: the examination of the urine. His views first expressed some months ago, have been confirmed by further experience, and he now announces (*Journ. de Medec. de Bruxelles*) the following conclusions: A cancerous ulceration of the stomach is attended with diminution in the amount of urea excited per diem and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia (if that expression be allowed), or even hyper-azoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyper-azoturia, but with decrease in the chlorides of the urine.—*Med. Rec.*

POISONING BY BISULPHIDE OF CARBON.—Two cases associated with insanity are published in *Pacific Med. and Surg. Journ.* The carbon bisulphide seems to have been inhaled very slowly; some forty out of fifty

pounds having evaporated, but in what space of time we are not told. The two sufferers were brothers, without taint of insanity in the family, and both of them exhibited a form of insanity associated with murderous intent. Dr. Bard, who had charge of the cases, and who advances the theory that the insanity was due to the bisulphide of carbon, also states that a manufacturer of the article in Los Angeles also developed similar proclivities.—*Amer. Journ. of Pharmacy.*


CALCIUM SULPHIDE IN AURAL DISEASES.—Bacon has used the Calcium sulphide in many cases of acute otitis media with advantage. In several cases, where the membrana tympani was highly congested and bulging, all the inflammation subsided under the use of this remedy, and he believes that it will prevent the formation of many cases if given sufficiently early in the course of the disease. Its most decided action seems to be in those cases of otitis media in which the discharge has already commenced, as well as in cases of furuncles in the external auditory canal, where it will either arrest the inflammation and cause the boil to dry up, or it will promote suppuration and cut short the disease. The pain so frequent in these diseases, even when the periosteum is involved, is often relieved at once. In diffuse inflammation of the external auditory canal, and in mastoid disease, whether affecting the pneumatic cells or the periosteum and tissues generally, great benefit, according to Bacon, will be obtained from its use.—*Arch. of Otolaryng.*

THE ROLE OF SYPHILIS IN BLINDNESS.—On this subject Binet says (*Th. de Paris.*) syphilis determines grave ocular lesions. It may produce blindness. It is frequently the cause of loss of vision, and this at any age, in infantile as well as in adult life. All the membranes of the eye may be attacked with specific lesions, leading to destruction of the organ. Most often the lesions are multiple. They rarely remain localized in a single membrane. The ocular lesions of syphilis are most often indolent and originate sometimes without the knowledge of the patient. Exception is made of iritis. In the majority of cases it is papillary atrophy which occasions the loss of vision. Ataxia frequently shows itself in the syphilitic complaint. Mixed specific treatment has considerable influence upon the ocular lesions of syphilis, and a cure is quite frequent.—*Jour. of Cutaneous and Venereal Diseases.*

STIGMATA MAIDIS IN GONORRHOEA.—Dr. Leo Bennett gives his experience with this drug as follows: It is alike due to the drug as well as to my brother practitioners that I report the unusual success I have had for seven months in the treatment of gonorrhœa by the fluid extract of corn silk (*Stigmata maidis*). It has been a great comfort to my patients to have their cases relieved within a week, and very often within three days. In the cases in which I employed it I depended alone upon the corn silk and of course make no error in attributing success to that drug. A half-teaspoonful to a teaspoonful of the fluid extract will prove effectual in male or female.—*Therapeutic Gazette.*

PSEUDO-PSORIASIS OF THE PALMS.—Dr Samuel Sherwell maintains that pure and simple psoriasis never occurs on the palmar or plantar surfaces. The psoriasis (or rather the pseudo-psoriasis in question), when present, arises always from the concomitance of superimposed or congenital double diathesis. When such an eruption does appear, he thinks that it is entire proof of the existence of syphilis. The palms are frequently exempt in general psoriasis, whereas in late syphilis we have them so often affected.—*Jour. Cutan. and Vener. Dis.*

News, Etc.

 *News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.*

THE VIENNA GENERAL HOSPITAL will next year celebrate its one-hundredth anniversary.

REMOVAL.—Charles Dake, M.D., has removed from Louisville, Ky., to Hot Springs, Arkansas.

DR. H. C. WOOD'S THERAPEUTICS, an exchange tells us, "are going to be translated into Italian."

OUR NATIONAL MEDICAL LIBRARY now numbers about 60,000 volumes and 68,700 pamphlets. Nearly 4000 volumes were added during the past year.

THE NEW SURGEON-GENERAL.—The President has appointed Robert Murray, M.D., who, as the senior medical officer of the army, was presumably entitled to the position.

DR. M. M. EATON, of Cincinnati, is compelled to leave his professional duties and seek rest and change of climate, in order to improve his health. We hope to learn of his speedy and complete restoration.

MEDICAL LEGISLATION.—Next month we hope to print an important and carefully prepared paper on the above-named subject from the pen of our distinguished contributor, J. P. Dake, M.D., of Nashville, Tenn.

PERCY O. B. GAUSE, M.D., after a protracted course of supplementary study in European hospitals has returned to his native city and located at 1519 Arch Street, Philadelphia, giving his attention to general surgery and diseases of the eye and ear exclusively.

DR. MARY SWAIN has left Minneapolis and taken up her residence in Boston, Mass. Her professional friends tendered her the compliment of a farewell banquet on the eve of her departure, on which occasion a full representation of the Minneapolis physicians was present.

CANADIAN MEDICAL SCHOOLS report an aggregate increase in the number of students over previous years. A correspondent of the *Medical News* attributes the increase to business depression, which, he thinks, forces young men into the professions from other lines of occupation.

THE PROTESTANT HOSPITAL OF TOLEDO, OHIO, held its annual meeting, December 3d. During the past year the institution has been under the medical and surgical care of the members of the Lucas County Homœopathic Medical Society, Dr. L. M. Roberts being House Physician and Surgeon. The total number of patients treated during the year was exactly one hundred. The deaths were six; three of these being cases of confirmed phthisis. Dr. Roberts is about to retire, not only from the hospital, but also from the practice of medicine, for which his professional brethren have expressed their regret, particularly in view of his affable manners and his painstaking and skilful attention to his official duties.

MARRIED.—READING—FLAGG.—On the evening of December 4th, 1883, at Grace Protestant Episcopal Church, Philadelphia, by Rev. Dr. Alsop, J. Herbert Reading, M.D., and Miss Hattie M., daughter of Stanley G. Flagg, all of Philadelphia.

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MEDICAL LEGISLATION IN THE UNITED STATES.

BY J. P. DAKE, A.M., M.D., NASHVILLE, TENN.

THE influence of legislative enactments upon the practice of medicine is a matter of interest to the laity as well as the profession, to the subjects as well as the practitioners of the art of healing, and hence the propriety of its general discussion.

The first American school for the education of medical men was organized in the city of Philadelphia just one hundred and twenty-one years ago, and the second, in New York city six years later. When it is remembered that Dr. Benjamin Franklin was president of the board of trustees, shaping and controlling the Philadelphia College, and that Dr. Benjamin Rush was its brightest and most influential professor for more than forty years, it will not seem a matter of surprise when it is said, that to that institution is chiefly due the credit of having made the practice of medicine a liberal profession, a free and progressive calling, in America.

In an introductory lecture to his class, eighty-two years ago, Dr. Rush, while enumerating the obstacles to the progress of scientific medicine, mentioned as one of the chief: "The interference of governments in prohibiting the use of certain remedies and enforcing the use of others by law."

The effect of this mistaken policy, he considered, "as hurtful to medicine as a similar practice, with respect to opinions, had been to the Christian religion." And, as another obstacle, he mentioned: "Conferring exclusive privileges upon bodies of physicians, and forbidding men of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries." He con-

sidered "such institutions, however sanctioned by ancient charters and names, as the bastiles of medical science."

In speaking of these obstacles, Dr. Rush had in mind the laws, made in older countries, to check the introduction of new methods and new remedies, and so to prevent innovation and infringement upon what was time-honored and orthodox.

He remembered the arbitrary and unjust discriminations made in favor of certain schools and societies of medical men and against others, whereby excellence was sacrificed to age, intrigue, and favoritism.

As another important obstacle to medical progress the doctor mentioned, "the refusal in universities to tolerate any opinions in the private or public exercises of candidates for degrees in medicine, which are not taught nor believed by their professors, thus restraining a spirit of inquiry in that period of life which is most distinguished for ardor and invention in our science." And he went on to say: "It was from the prevalence of this conduct that Dr. Adam Smith has called universities 'the dull depositories of exploded opinions.'"

With such a lively remembrance of the barriers placed in the way of medical progress, it is no wonder that Dr. Rush and Dr. Franklin should have labored to prevent legislation calculated to favor medical guilds and drug monopolies in the New World. Actuated by a love of truth, and having little veneration for the simply antique or the orthodox, they opposed all arbitrary laws, and favored the greatest liberty in scientific pursuits.

Such was the progress of medical teaching, inspired by liberal sentiments that, not only Pennsylvania and New York, but also Massachusetts and Maryland, had, in a few years, each its university, with a medical department. And such was the excellence of the instruction given, that Dr. David Hosack, in his introductory lecture to the Class, in New York, November 3d, 1813, said:

"In the profession of medicine it may already be said that, in the United States, we possess all the necessary resources for the most finished system of education that can be obtained in any part of the world, not excepting the justly-celebrated schools of Edinburgh, London, and Paris."

But, as the fathers of American freedom passed away, and those came into place and power who knew less of the evils of enforced conformity and the advantages of a liberal policy, the spirit of pride and pomp grew apace, and medical schools

and medical societies began to claim prerogatives, and seek a control such as exercised in the Old World. State enactments were called for, compelling every practitioner to possess himself of a diploma or a license before assuming the care of the sick, and the diploma could be had only at the pleasure of the schools, or of the friends of the schools.

One State after another yielded to the demand of the schoolmen, till the statute-books of several bore the record of the "exclusive privileges" and intolerance so much dreaded and denounced by the great and good Dr. Rush.

After years of persecution and litigation to keep out "Thomsonianism," and to suppress "irregulars," and to protect orthodoxy, as represented by the schools, and, after mountains of proof had been accumulated, showing the destructiveness of bloodletting and mercurial salivation, and the uselessness of many other like measures of orthodoxy, the practical sense of the people was shown by the repeal of the arbitrary enactments, or the consignment of them to the category of obsolete and neglected laws. New Jersey was the last to wipe out her acts, granting to certain orthodox colleges the exclusive right of conferring acceptable and authoritative diplomas upon medical men within her borders.

In March, 1854, her laws, regulating the practice of medicine, were so amended as to allow a graduate of any duly chartered and organized medical school, regardless of his therapeutic *tenets* and peculiar means of cure, to collect fees for services rendered.

But, as legal restraints were removed from the reformers, and they came to have colleges and societies of their own, the process of crystallization and resistance to outside forces began in them.

At the close of the great civil war, which had called a large number of medical men to positions of dignity and authority in the army and navy, there came a renewal of effort in behalf of a medical oligarchy. The party that had called itself "regular," wherever able, endeavored to seize the arm of the law, and to turn its force against all "irregulars," and, where not able to accomplish this, it sought its object by compacts with the reformers.

In Texas and Alabama, all authority to regulate the practice of medicine was handed over by legislative enactment to old-school medical associations.

In Illinois and New York, and some other States, the authority was divided among the several schools of medicine,

represented by State societies and college faculties. Illinois now has a board of health, made up of allopaths, homœopaths, and eclectics, to which is delegated power to determine what particular colleges may send their graduates to practice among her citizens, and to examine practitioners who have no medical diplomas in such manner and by such standards as may suit the views of its individual members.

New York allows no physician to practice or sign the medical certificates required by law, unless he has a diploma, issued by some medical school, or one indorsed by some medical school, chartered and governed by her laws.

Alabama has authorized the old-school medical association of that State to pass upon the qualifications of all practitioners offering service to the sick, and the agents employed to carry out the will of that medical inquisition, have proceeded to characterize and classify medical men after a fashion peculiar to the code under which they act. In the list for 1882, published by the association, the following may be seen :

"MOBILE COUNTY.

"1. Names of members (of this Society), with their colleges, and post-offices : Anderson, W. H., University of Pennsylvania, Mobile.

"2. Names of regular physicians, not members of this Society : Beatty, W. G., Alabama Medical College, Whistler.

"3. Irregular practitioners in the county : Murrell, William J. (homœopathist), college not given, Mobile."

The censors of Mobile County knew, or, if they did not know, any proper inquiry would have informed them, that Dr. William J. Murrell was not only a graduate from a homœopathic college of high standing, but also a graduate from one of the best "regular" colleges in this country, and that he was likewise possessed of what very few of his allopathic neighbors could boast, the diploma of a *Master of Arts*.

The question of damages for defamation of professional character, in the case of Dr. Murrell, is to be determined by the judiciary of Alabama. The term "irregular," applied to a medical man, should have a judicial interpretation.

But the "conferring of exclusive privileges upon bodies of medical men" is not confined to State governments.

The Surgeon-General of the United States Army has arbitrarily determined that no applicant for position as a surgeon in the army shall be admitted to *examination*, unless he bears the diploma of a medical college belonging to a special class. The actual knowledge and skill of the applicant must pass

for nothing, and his claims be arbitrarily set aside, unless he has the indorsement of certain schools considered by the surgeon-general as "regular."

Not so, however, with the surgeon-general of the navy, who determines the qualifications of each applicant for a position in the naval medical service by a rigid examination, and admits or rejects upon merit, and not on the testimonials of any college of medical teachers whatever.

But it is not my purpose to particularize the various legislative acts and arbitrary rules in force for the protection of an assumed orthodoxy, and to favor certain medical faculties and associations in this country. I only wish to show their character and drift, in order to make myself properly understood in what I am about to say of the principles involved in American medical legislation.

I. Medical colleges are convenient and useful to the student of medicine, but they are not indispensable.

Nothing is taught in a medical school that may not be learned elsewhere, especially in this age of text-books and journals. With the increased facilities for recording and reporting scientific discoveries and clinical observations, the diligent student may become familiar with all that is taught by medical professors, without ever entering a lecture-room. Private dissecting-rooms and a good preceptor's office, and the chambers of the sick, in places remote from a medical college, have afforded the earnest student as much information as may be had in the medical schools and hospitals of a metropolis. That such institutions may afford him more conveniences, and may more readily fit him for professional life, no one will question.

They are the legitimate outgrowth of medical experiences and the aggregation of individual efforts in furnishing medical education. They are as the academy to the home schools of the governess and the tutor, as the theological seminary to the pastor's study, and as the law school to the lawyer's office.

Who would assert that no classical education is to be obtained outside of a literary college, no ecclesiastical training without a theological seminary, and no adequate knowledge of law except in attendance upon a chartered law school?

Or, who would advocate the enactment of a law prohibiting the functions of a clergyman to every person not possessed of a diploma from a recognized divinity school? Or, the prac-

tice of law to all attorneys not having graduated from a certain class of law schools?

If a diploma from some chartered medical college, some "regular" college in the Alabama sense of the term, is a *sine qua non*, and if the surgeon-general of the army, or a State legislature, is to require it at the hands of every physician or surgeon, before assuming the care of the sick or the injured, what should be done in the case of chaplains, and attorneys, and judges, who assume the care of human rights and human hopes of Heaven, without diplomas? But it is hardly necessary to argue the question as to the possibility of medical learning and skill in a practitioner who has received no college training.

A glance at the history of the healing art, and over the field of each one's daily observation, will reveal striking instances of extensive medical learning, and also of great practical skill in physicians who have never enjoyed the advantages afforded at a medical school, nor received the doctor's degree.

II. *Medical colleges cannot insure a proper understanding of medicine, nor guarantee skill in those to whom diplomas are given.*

The differences in young men, coming from college with the doctor's degree, must be noted even by the casual observer.

One is modest and respectful, while another is blatant of medical phrases and offensively obtrusive. One attentively listens to the old neighborhood physician, to whom no college had opened its friendly doors, and gathers in the fruits of his long experience, while the other scouts the wisdom of the sage who was, perchance, his own good grandmother's medical attendant, warmly protesting that all such are quacks, deserving immediate banishment from the field of medical practice.

One writes his prescriptions with exactitude and neatness, while the other worries the apothecary and the patient with bad spelling and horrid penmanship.

One soon surrounds himself with a well-selected library, and has his table full of the latest and best medical journals, while the other drops medical reading, on receipt of his medical diploma, and devotes more time to horses and vehicles and sports than to the study of diseases and remedies.

One is the friend of temperance and morality, the stay of the aged, and the thoughtful guide of the young, while the

other is a debauchee and moral leper, scattering the seeds of ruin in families where he is trusted.

Both of these young doctors have diplomas, such as are accepted in Illinois, and approved in New York, as showing their possessors to be fully qualified for practice, and deserving of confidence among the people.

In the face of such differences and deficiencies among college graduates, how can the State put her seal of authority upon all who bear diplomas from accredited schools, granting to them the exclusive right to practice the art of healing? And how can she rightfully deny the privilege of practicing that art to self-educated, painstaking and successful physicians, who have earned the confidence of the people among whom they reside, and are only lacking diplomas?

Illinois and some other States provide that such a practitioner may be examined by a board of censors, and, if able to answer the questions propounded, may receive a license to practice without a diploma. The questions propounded are such as would be put to a candidate for graduation from college and must embrace the subjects usually lectured on in an arbitrary curriculum.

Were I now writing for medical readers alone, I should not consider it necessary to say that all the cunning and knowledge, requisite to the greatest skill in the physician, are not imparted in the curriculum of any one medical school on earth.

It has been claimed in no mean quarter, that the healer of human maladies is *born*, not made,—that the underlying and actuating power to cure is a gift, an endowment, more than an acquisition gained by the study of other men's opinions and recommendations.

However that may be, and to whatever extent the power to heal is a natural faculty, it is a plain matter of fact that, outside the lecture course, and outside the sweep of questions that a candidate for a diploma or a license is expected to answer to the satisfaction of a faculty or an examining board, there are ways and means of cure that the successful physician must not ignore nor neglect.

Ling, the Swedish ecclesiastic, discovered and developed the wonderful reparative influences of passive and gymnastic movements in the machinery of the human body. He systematized and applied those movements for the cure of cases incurable by other means. And Priessnitz, the German peasant, led, as was Ling, by personal suffering and failure of cure by the practice of the day, discovered the wonderful influ-

ence of water, variously applied, for the cure of otherwise incurable cases. And to-day, so far as announced to the world, there is not a university nor a college, on the accredited list of Illinois and New York, that, in its curriculum, makes provision for the teaching of what was demonstrated and accomplished by Ling and Priessnitz and their followers. And there is not a board of medical censors in all this country, so far as I am informed, that is competent, if willing, to examine an applicant for a license, with regard to the Swedish movement and the water-cure.

I speak of these things, not to detract from our many excellent medical schools, but to show how futile is the idea that a diploma from any of them is a sufficient voucher that the holder knows all that is necessary or useful of the art of healing, and that he is to be trusted everywhere and on all occasions.

A diploma or a license is no more than a certificate that the holder has attended certain lectures, or answered certain questions upon some medical topics, considered important by a college faculty or an examining board.

Let voluntary associations of physicians, medical societies, call for diplomas in the hands of their members and associates if they like, and let public sentiment favor their possession by medical practitioners in general; but, let the State forever abstain from coupling its seal of authority with any such testimonials, and from conferring exclusive privileges, in the practice of medicine, upon their possessors.

III. *There are no fixed standards in medicine, with which State legislation may enforce conformity.*

Although much progress has been made in the study of the human body, and the influences which bear upon its complicated machinery in causing sickness and in restoring health, the domain of medicine is yet shrouded in mysteries, and its professors and practitioners are forever differing among themselves.

I could cover many pages here with the acknowledgments of eminent medical writers, ancient and modern, showing the want of substantial progress and the sad state of uncertainty in the accepted measures for the prevention and removal of human maladies. A wise saying is this,—“*In certis unitas, in dubiis libertas, in omnibus caritas,*”—and yet who has properly considered and counted the limited number of things in medicine that may be covered by the term “*certis*.”

Anatomy is the only branch taught in medical schools about which medical teachers do not differ.

Some things in chemistry and physiology and surgery and midwifery are pretty well settled, while the teachings on pathology, materia medica, and practice are as various and often as contradictory as can well be imagined, and that, too, in colleges approved as "regular" in New York, Illinois, Alabama, and Texas. Look into the text-books and journals of medicine, just from the press, and see the variations and contradictions as to the causes of disease, and the measures and means of relief.

As things often seen, much combated and constantly written upon, without agreement and without satisfaction, things only lately bearing death and desolation in portions of the earth, let me mention *Asiatic cholera* and *yellow fever*. How medical journals and daily newspapers have been filled, time and again, with disputes concerning these, by medical men bearing diplomas from the same medical schools!

In medicine, as in any other science or art, where discoveries and improvements are sought for, where perfection has not been attained, it is not only absurd, but simply impossible to have fixed formulas and standards with an *orthodoxy* and a *regularity* based upon them.

Suppose a State board of censors about to examine candidates for license; what kind of answers would be exacted touching the essential causes of intermittent fever, yellow fever, or cholera, or of small-pox, or scarlet fever, and the means of prevention and cure? What would be the standards?

How about the germ theory, the nature of contagion and infection, and the hundred other unsettled and pressing practical questions?

The attempt to erect standards by which to measure all practitioners of medicine, with a view of forcing them by legislative enactment to *conform or to quit*, is not only logically absurd, and practically useless, but, likewise, very damaging to medical discovery and improvement.

Does any one imagine that the Illinois State Board of Health in driving out a few notorious quacks, and compelling some diplomaless physicians to practice as "assistants" under the authority of partners or neighbors, has cleared the State of medical ignoramuses and impostors?

Look into Chicago, and see the medical tricksters, the quacks with diplomas, who flaunt their signs and posters in your face at every turn! Ask a physician there about the next-door

practitioner, and see him shrug his shoulders, and, if you promise secrecy, hear him tell how his neighbor stole through college, and how he tricks his fellows, and fools innocent people, and practices in ways that should send him to the penitentiary or the gallows!

While there are many eminent medical practitioners and writers and teachers in Illinois, there are not a few ignorant and worthless ones, unworthy a place among honest and decent people. After all the sifting and winnowing, under legislative authority, quite as much professional chaff and cheat may be found there as in any other State, having the same number of medical men. And, looking at the signs and posters and newspaper cards, offering medical service, and claiming superior skill, in New York, does anyone believe that the State-right, home-college monopoly act of that great commonwealth has put an end to medical quackery?

He who lacks a diploma, or makes unprofessional advertisements, or cures by secret or peculiar means, is not the only medical impostor. He who feigns the discovery in his patient of conditions not existing, or leads the weak and credulous into the belief that he has cured them of serious ailments which they never had, in order to filch their money, or make reputation for skill he knows he does not possess, all under cover of accredited diplomas, is the most genuine and dangerous of all impostors. He may not publish and honestly pay for newspaper advertisements, but he adroitly manages an "interview," or a report of some wonderful operation or cure for the city editor. His name, as the attending physician or surgeon of a person of rank or wealth, is never omitted in the news column. He manages to keep himself well before the public by many a trick, and greatly to impress those coming within his reach by devices not thought of by less cultured quacks.

New York is not wanting in able and honest physicians, nor yet in highly-polished and most cunning medical tricksters.

The most effective influence of medical legislation in New York, Illinois, and Alabama, is to drive medical students into certain colleges and societies in those States, much to the profit of institutions and individuals possessed of "exclusive privileges."

THE ALTERNATIVE.

I believe I am writing for a class of readers who will not construe what I have said into an opposition, on my part, to

medical education and medical schools, nor yet as an effort against some proper governmental protection of the people against medical deception and fraud. I yield to no one in appreciation of medical learning, and in advocacy of improved methods and extended terms at medical college; but I do most earnestly object to the assumption that there is only one road for the student of medicine to travel, one style and measure of training for him to receive, and one set of opinions for him to adopt, in order to qualify him for the practice of medicine, and I protest, in the language of Dr. Rush, against the "conferring of exclusive privileges upon bodies of physicians" in this country, which owes its progress and its greatness to a freedom from such unjust discriminations and hindrances.

I believe, so far as possible, all persons, attempting to cure the sick, should have a thorough knowledge of what has been discovered and successfully employed in that direction, as well as an acquaintance with anatomy, physiology, and other fundamental branches of a medical education; but I would not by legislative enactment prevent those from such humane work, who may have been denied college facilities; nor would I forbid, under heavy penalties, the exercise of the healing art to all who have not received a diploma, or been satisfactorily catechized by a board of examiners, made up of their associates and competitors on the field of practice.

I am compelled to recognize the possibility of great discoveries and good suggestions and eminent skill from outside the ranks of medical men in high places, when I remember Harvey's demonstration of the circulation of the blood and Jenner's advocacy of vaccination for the prevention of small-pox. I say, put up no legal barriers, when I see John Howard, the grocery-boy, teaching sanitary reform and good hospital management to the medical world; when I see Florence Nightingale leading all the well-trained military surgeons of Great Britain in camp hygiene, and Miss Dix removing from institutions for the insane abuses which had defied the endeavors of the most learned superintendents.

Howard and Nightingale and Dix had been at no medical college, and held no medical diplomas, and yet they accomplished reforms in the domain of medicine that will cause them to be remembered when the present holders of "exclusive privileges," the champions of a medical orthodoxy, will be entirely forgotten.

To divert me from this line of argument, the question comes :

"Is there nothing that the State should do for the protection of her people against medical imposition?"

With great cheerfulness, I answer, yes. It is the duty of the State to so enlighten her citizens in regard to those who would assume the care of human health and life that they may be able to select medical advisers and attendants safely and with satisfaction. Let a law be enacted that every practitioner of the healing art, in any of its branches, shall register his name and age in a book (kept for the purpose and open to public inspection by the county clerk) with all his literary and professional titles attached.

And let it be provided that, after the name, age, and titles, the practitioner shall state :

1. Where, when, with whom, and for what term, he pursued the study of medicine;
2. At what schools he received literary, scientific, and professional instruction, and from which, and in what year, he received diplomas, or certificates of proficiency;
3. If previously in practice, where and for what length of time at each place;
4. If a member of any medical society or association, what its name and where its location.

And let it be provided that the county clerk shall take the acknowledgment of the practitioner registering, that all the statements of his personal and professional record are true; and thereupon let the clerk be required to issue a transcript of the record, as sworn to, bearing the official seal, and let this transcript be the only license required in the case of a resident practitioner.

And let it, also, be enacted that each non-resident or transient practitioner shall, in consideration of his not being assessed, and not being compelled to bear the usual burdens of taxation, be required to pay for his license the sum of two hundred dollars for each month, or fraction of a month.

And let penalties be provided for practitioners who fail to report, and for such as may have made any false statements on the medical register.

The effect of such legislation, in no wise unfair or oppressive, would furnish to the people, whose highest earthly interests are at stake, information upon which to judge as to the probable medical acquirements and skill of the physicians in their midst. In the absence of such authentic information, it

is quite impossible for the laity to tell who have really devoted time and study to medicine, who have been at the best medical schools, who have had experience, and, so, who are most to be trusted in the hour of suffering and danger.

Legislation for the enlightenment of the people would call for no lordly boards of censors, and would stop the farcical play of a great State attempting to hunt down quack doctors for the benefit of a few medical colleges, when herself unable to distinguish a quack from a medical sage, both having the cover of a diploma.

It would leave the responsibility of selection where it rightfully belongs, on those who employ medical attendants, and who must gain or lose by their ministrations. It would leave the guides to physical health as free as the guides to spiritual health, with no more State medicine than State religion. And, as regards medical colleges, while it would give them no exclusive privileges, no monopoly in medical education, it would elevate the standard among them by insuring free competition and the full rewards of merit.

The State may not rightfully compel the possession of a diploma or a certificate from an examining board, that has measured all practitioners with the same line, or stretched them on one Procrustean bed, but she may properly and readily compel them to furnish facts, upon which they may be judged, at least, as to what they have done to qualify themselves for practice. She may not prohibit the people their choice of medical attendants, but she may so enlighten them that they can wisely choose for themselves. She may not be able to force medical learning, but she can do much to encourage and induce medical men to seek it earnestly, and where it may best be found, by compelling them to tell where and how they were educated. She may not forbid the coming of loud-mouthed charlatans, but she can wondrously moderate their deceptive brag by a little enforced autobiography.

She may not directly stop the flow of her citizens' money into the pockets of the peripatetic pretender, but she can render the cost of his license such as to make his visits few and far between.

In closing, I must refer briefly to expressions on the subject I am discussing, from two prominent representatives, one of the medical profession in America, and the other of the scientists of Great Britain.

Professor William K. Bowling, the founder and long the

peerless editor of the *Nashville Journal of Medicine and Surgery*, a few years ago, in noticing some medical bills, pending in the General Assembly of Tennessee, wrote as follows :

"Every few years, some one gets up a bill in the legislature to 'protect' competent medical practitioners by fining incompetent ones, and forcing them out of the field. This is to be accomplished by the exclusion of those who have no diplomas, or by examining boards to ascertain the qualifications of those who would practice medicine, irrespective of diploma-holding."

Speaking of the laity, he said : "Do *they* not know who does them most good when sick, and who lucks best? Qualifications? Bah! Pretty is that pretty does! This is the logic of the masses, and the king of our country is the aggregate of the masses. . . . This *Journal* has set its face, like flint, for a quarter of a century, against the meddling of non-medical men with medical affairs, its motto being : 'To medical men belong medical matters.' Our State Society has taken similar ground. Every medical man we have seen and conversed with upon the subject, is dead set against the pollution that law can bring to medicine. The language of each is : 'If I cannot stand without props, let me fall,' and this is the language of common sense."

Professor Huxley, at the late opening of the medical school at the London Hospital, said : "A large number of persons seem to be of the opinion that the State is bound to take care of the general public, and see that it is protected against incompetent persons and quacks. I do not take this view. I think it much more wholesome for the public to take care of itself in this as in all other matters."

He thought the only occasion for governmental interference in the affairs of the medical profession, was to be found in compelling proper death certificates, and proper qualifications for official positions.

It is to be hoped that our national and State governments will return to the simple and wise ways of the fathers of the republic, and refuse the exercise of their authority in behalf of medical guilds and monopolies, and against the progress of medical discovery and improvement.

In medical legislation, let the motto be : **LIGHT FOR THE PEOPLE, AND FREEDOM FOR THE PROFESSION.**

INTESTINAL INDIGESTION AND THE USE OF PANCREATIN.

BY WILLIAM W. VAN BAIN, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

THE differential diagnosis between gastric and intestinal dyspepsia is arrived at, more especially, by noting how soon after the ingestion of a meal the symptoms of discomfort arise. If distress and vomiting follow immediately after taking food, we suspect gastric ulcer. If the annoyance continues for a longer or shorter interval, vomiting then setting in, with the ejected aliment little, if any, affected by the digestive act, and mixed with much mucus, we at once incline to the belief that the patient is troubled with gastric catarrh. If, however, the meal is taken with an appetite and relished, the ingestion being followed by no symptoms of discomfort until some considerable time afterwards, the trouble lies in and with the duodenum and its relations.

It is to a brief consideration of this latter form of dyspepsia, and the application of liquor pancreaticus for its relief, that I will devote the allotted time this evening, first inviting your attention to a résumé of the physiology of digestion as shown by the latest researches. Digestion, the process by which our food is converted into available nutriment, is accomplished mainly by a chain of agents found dissolved in the various digestive juices or secretions, which at regular intervals of succession attack the food on its passage down the alimentary canal. These agents are called soluble or unorganized ferments. The physical and mechanical processes, after prehension, to which the food is subjected in the mouth and stomach are merely preparatory movements to the essential acts of digestion, and need not be dwelt upon here. The food as it passes into the mouth, excites a flow of secretion of the various salivary glands. The ferment of saliva, diastase, or ptyalin, has an alkaline reaction, and a very brief contact in a neutral or even slightly acid medium is sufficient to change the more or less completely gelatinized starch of our cooked food into sugar and dextrine. The food is then passed into the stomach. When in an acid medium, pepsin exercises its power on the albuminoids or proteids and digests them; in other words, changes them into peptones; these peptones have the power of passing readily through the walls of the alimentary tract into the blood. A second ferment of the gastric juice is known as the curdling ferment. It possesses the power to curdle casein of milk, a procedure essential to its final di-

gestion. The aliment now escapes through the pyloric orifice into the upper portion of the duodenum, where it is met by four, probably five ferments, viz.: trypsin, which changes proteides into peptones in alkaline and neutral media. Secondly, the curdling ferment which curdles casein of milk. Thirdly, pancreatic diastase, which converts starch and sugar into dextrine. Fourthly, the emulsion ferment, which emulsifies and partially saponifies fats. A fifth ferment probably exists in the bile, although as yet the bile is not known to possess any true ferment action. By its alkaliescent reaction and physical properties it (the bile) assists in the emulsifying of fats.

In the small intestines a ferment designated as invertin, is encountered, which changes cane sugar into invert sugar. This transformation, necessary to the absorption and assimilation of cane sugar, which forms such a large portion of our food, was discovered by Bernard, after a vain search in the saliva, in the stomach and in the pancreas, to take place at the above location.

Dr. William Roberts believes that a curdling ferment exists in the small intestines, which has the same effect on casein of milk as the similar ferments found elsewhere.

It is seen by the above that the starchy portion of our food is attacked at two points—in the mouth, and in the duodenum—by two ferments, salivary and pancreatic diastase, which are virtually the same. The albuminous portion is attacked in the stomach by pepsin, and in the small intestines by trypsin. The two ferments—pepsin and trypsin—in this case, however, are not identical.

All food does not necessarily require digestion before it can be absorbed. Fat is taken up in large quantities in the unaltered state by the lacteals, with the exception that it is minutely divided or emulsified. Grape sugar (dextrose) is not known to undergo any digestive change whatever, but is absorbed unchanged. It has been suggested that "it would be more correct to say that grape sugar is an article of food pre-digested for us by the agency of plants" (Roberts).

Normally the acid contents of the stomach on reaching the duodenum are mixed with the alkaline bile, which renders them neutral, even alkaline. It is due to this admixture that the pancreatic fluid becomes operative, as in acid media it is inactive.

In duodenal dyspepsia the secretion of the liver is insufficient to render alkaline, or even to neutralize the acidity of

the gastric flux, and the pain experienced is due to this acid irritation solely, or it may be possible that the preponderance of the acid will give rise to muscular spasm, and the latter cause the pain. This has not as yet been satisfactorily demonstrated. Again, a deficiency of secretion on the part of the pancreas may be the origin of the thorn in the flesh which renders the life of the dyspeptic a stream of bitterness, or a regional pathological change (cancerous) which is slowly taking place, is the source of the symptoms complained of by the patient. How be it, if the pain and discomfort come on at the time of passage of the food into the duodenum, and are referred by the patient to the duodenal precinct, while at the same time there is a default of bile in the stools, intestinal dyspepsia is the probable cause of the symptoms.

To correct this error of digestion artificial pancreatic secretion has been resorted to, and when prescribed on a rational basis, its use has been justified by the results.

This novelty in the routine practice of the dominant school, which in the hands of the able physician has been put to such good use, has with the majority been a failure. And why? Simply because it has been prescribed empirically, the prescriber losing sight of its physiological limitations. It has been used for all "sorts and conditions" of the alimentary realm; used as a remedy and not as an agent for adapting food for the impaired function.

Its incorporations with mixtures calculated to captivate the fancy, are, to say the least, theoretically worthless. Preparations are offered and used, in which pepsin and trypsin are found in nearly equal proportions; a combination not warranted under any pretext, it being an established fact that pepsin is alone active in an acid medium, and trypsin only in one of alkaline reaction; together they are incompatible, having an antidotal effect upon each other which renders their ferments inert.

The fallacious idea that pancreatic preparations can be administered by the mouth during digestion, with beneficial results, should at once be abandoned. The acidity of the stomach will surely destroy the activity of the artificial ferments, and even if the reaction of the stomach at the time of entrance of the pancreatin is neutral, its (pancreatin) presence alone will be sufficient to stimulate secretion of gastric juice in quantities capable of rendering it inert, before it escapes through the pylorus, which, as is well known, does not take place at once, since whatever enters the stomach is swept a

number of times around the greater and lesser curvatures before being ushered out at the pyloric orifice.

In the year 1879, Defresne and his co-laborers advanced the idea that pancreatic ferments preserved their activity in the presence of the gastric acid, which did not really destroy the ferments, but merely reduced them to a state of temporary inertness, so that when the acidity of the chyme was neutralized in the duodenum, they recovered their powers, and exhibited undiminished activity, both on starch and proteids. This theory has been proven to be untenable.

Dr. William Roberts, F.R.S., after repeating the experiments of Defresne, together with a unique experience of his own on recently vomited matters, says: "With this evidence before me, I am unable to accept the conclusions of Defresne and others in Paris, who allege that saliva and pancreatic preparations can resist the normal acidity of the stomach in full digestion, and who recommended the administration by the mouth, of pancreatic preparations during the period of chymification."

Fothergill, following up this subject, tells us that the "pancreatic secretion is only active in an alkaline medium."

The testimony of these learned gentlemen is sufficient to assure us that liquor pancreaticus is not only rendered inoperative, but is absolutely destroyed in acid media.

The question arises, how can artificial ferments escape the lurking acidity of the stomach?

It is easily seen that our faith in pancreatin as a remedy is beset by greater trials than Christian met before Castle Beautiful at the top of Hill Difficulty.

Dr. Roberts assures us that the "Lions" are chained, if ten or fifteen grains of bicarbonate of soda be taken with the dose of liquor pancreaticus at "the tail of the digestive act."

Dr. Fothergill also advocates this procedure, and tells us that "this passes it safely through the stomach, just as a guard of soldiers sees a merchant convoyed over an unsettled frontier infested by robbers." Further, he states "whatever preparation of pancreatin be adopted, there seems nothing for it but the alkaline guard to see it through the stomach."

This spruce little theory has to strike its colors to the successful onslaught of valid objections.

Dr. Hanley, of Brooklyn, in a recent paper treats of these objections, and puts them so pertinently that I will take the liberty to quote. The theoretical objections to the above, he sums up under two heads:

"First. The alkali and the liquor pancreaticus are commingled; hence the pancreatin is as much exposed to the attack as the alkali. . . . If the alkali could be made in some way to surround the pancreatin, so that the gastric juice could be neutralized before the pancreatin became exposed, more certainty would attend the device."

Second. He calls to mind that "ingesta of no kind pass directly through the stomach; . . . that the office of the stomach is to retain its contents and to pour out gastric juice upon them. . . . Under these circumstances," it is asked, "how long would ten or fifteen grains of alkali resist the acid of the stomach?" Referring to Drs. Roberts and Fothergill's suggestion of the alkali and pancreatin an hour and a half or two hours after the ingestion of a meal, at "the tail of the digestive act," two relevant questions are asked: "Does not the digestive act continue from four to six hours?" . . . Can "the tail of the digestive act be determined?" (Possibly Drs. R. and F. meant the tail of the *gastric* digestive act.) He winds up by saying, "Certainly such a procedure, to say the least, must be subject to very great uncertainties." Yes! the measure is certainly of doubtful utility; the fact is, the tares are so numerous that the wheat is destroyed.

Pancreatin certainly has a useful sphere of action. It is not, however, as an internal remedy, but as an agent for artificially digesting food previous to its ingestion. We surely have reason to doubt the efficacy of giving liquor pancreaticus two or three hours after a meal, with a view of aiding intestinal digestion, even if with it a pinch of nauseating bicarbonate of soda is dissolved.

Of course clinical experience will be hurled in contradiction to these statements. In answer I will say: In medicine nothing is more delusive than clinical experience. I feel sure you'll agree to this, when you recall how often clinical experience shows that the same medicine or preparation (of pancreatin) administered in the same way, in different individuals, with identical conditions and surroundings, will produce results diametrically opposed, while remedies and preparations totally unlike in their sphere of action, in the hands of different physicians will present similar results; still further, when we remember the brilliant claims made for counteracting compounds, those whose antidotal constituents render them inert, as preparations containing pepsin and pancreatin; for instance, lacto-peptine and peptodyn.

Finally, a statement, which, while admitting it to be open to

the charge of repetition, is, nevertheless, justified by the text of the paper. If you desire a happy result from the use of pancreatin, see that it is used as an agent to peptonize* the food previous to its ingestion, and don't use it as a remedy.

CONFIRMATION OF SYMPTOMS.

BY E. A. FARRINGTON, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

AMONG the agreeable duties of the active practitioner is that of confirming symptoms; for thereby he materially aids in contributing to the construction of a reliable and staple *Materia Medica*.

Every symptom of a proving or series of provings may be genuine, and yet all genuine symptoms are not equally valuable. Some are vague, indefinite, or commonplace, while others are peculiar, distinctive, characteristic. It is the latter we desire to see confirmed. And yet, before clinical experience lends its aid, we are often at a loss to premise which effects of a drug are probably characteristic. Many of the prominent features are so plain that they are easy of recognition; but in nice prescribing we need fine qualities, and it is the recognition of these latter that is so difficult. Who, before testing it, could expect such a simple symptom as pain at the costal cartilage of the third right rib, to indicate a remedy in hæmoptysis and in enlarged liver? Who, until he has tried it, would believe that tuberculosis could be retarded by a drug, the characteristic of which is merely pain in the apex of the left lung? It is clinical confirmation, then, confirmation made in accordance with the rules of homœopathic institutes, that we most need for the firm establishment of our systems of proving and prescribing.

1. Several months ago I had the pleasure of reporting to the club of which I am a member, a confirmation of the *Carduus Mariæ* in jaundice. The patient was suffering from chills and fever, tertian type. Several remedies failed, when finally, guided by the painful liver, full feeling, stool void of bile, and urine surcharged with bile,—all symptoms in the provings of *Carduus*,—I prescribed it. To my gratification, not only did the icterus disappear, but also the chills and fever; so, if in the future I shall be called upon to treat ague with

* By "peptonize" is meant the partial digestion of food artificially by the use of pancreatin.

jaundice, I shall think of *Carduus*, along with the other more tried remedies. The drug was given in the tincture, three or four drops in a glass half full of water, two teaspoonsful every two to three hours.

2. Recently, a consumptive was attacked by hæmoptysis—no rarity, you will say. True; but its stubbornness was very unwelcome, if not uncommon, and I failed with such oft-used remedies, as *Hamamelis*, *Erigeron*, and *Pulsatilla*. After repeated careful inquiries, I finally elicited from my patient this peculiarity, that the bleeding was always *worse while she was lying down*. Several remedies have this symptom, but of the list only *Sepia* has harsh night cough and suppressed menses,—additional symptoms in the case under consideration. The 30th potency was sufficient to cure the hæmoptysis, and to give my patient so much strength, that she is now able to go out and take comfortable walks.

In Gregg's useful illustrated *Repertory*—I wish he would give us a second and enlarged edition—will be found the following symptom, an exact counterpart of which I cured with *Arnica*³: "Stitch at every inspiration in the right side of the back, extending from the last rib up to the axilla."

Would not many of us, in the hurry of business, hastily give *Bryonia* for such a symptom? In my case, the patient had unsuccessfully tried the latter drug, and so I was saved the humiliation of a failure.

3. We are accustomed to regard nausea as a sort of *sine qua non* of *Ipecacuanha*—and almost, if not quite, correctly.

The other day, I had an opportunity of seeing it work promptly in a case without nausea. The lady had miscarried, or rather was in the midst of her expulsive efforts, and there was much bright red hæmorrhage. An annoying attendant was a violent *cutting pain across the abdomen above the umbilicus, a cutting going from left to right*; no nausea. *Ipecac*³⁰ was given, and effected a speedy relief of both pain and hæmorrhage; the embryo, however, did not come away for several hours.

Cutting at or near the navel is very characteristic of *Ipecac.*, and especially is it indicative of this drug, if worse to the left of the centre, or going from left to right. *Lycopodium* has cutting to the right, or, as Dr. Guernsey has confirmed it, going from right to left.

4. And now, having mentioned several instances, embracing potencies from the tincture—if I may call this a potency—to the 30th, I purpose relating a confirmation with a very high potency.

A boy who had suffered for five years with stomacæa, never well, though occasionally much better than he was when his disease was fully developed, came to me for treatment. He had been prescribed for by allopathists and homœopaths, but always with unsatisfactory results. His symptoms were plainly those of Sulphur, and, I doubt not, had received that medicine, though probably not in so high a potency as the one I purposed using, namely, the 100,000th.

Under this preparation the patient is improving, and has enjoyed more complete immunity from sore-mouth than for years.

I do not refer to this experience as an isolated one, but as confirmatory of the emphatic assertion, which a few make and many deny, that high potencies can and do cure.

But, talking about attenuated drugs, one has reason to look with distrust upon the provings of Thuja, made by Wolf with one single globule of the 1000th potency, and extending over a period of two years! Think of the vicissitudes in twenty-four months, of the diversities of season, of weather, of modes of living, and then expect it to be possible to record the pure effects of a single, tiny pellet of the one-thousandth attenuation of the *arbor vitæ*!

And yet, what am I to do? Wolf says Thuja caused diarrhœa daily, in the morning, after breakfast; foul diarrhœa; and others, as well as myself, have cured such a diarrhœa with Thuja. I have cured it with Thuja 6th.

That watery stools are caused by this drug is confirmed by the heroic provings of Watzke with 900 drops of the tincture. Is it all a coincidence?

Some of Wolf's symptoms are, as Hughes truly declares, "quite beyond the range of the drug's action," and so we must conclude with the author last cited, that Wolf's symptoms must be regarded as dubious, until otherwise confirmed. I hope that the diarrhœa symptom is now "otherwise confirmed,"—but time and rigid tests are needed.

CALCAREA PHOSPHORICA.

BY J. C. GUERNSEY, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

AMONG the many alluring evils which cluster about the practice of homœopathic medicine, I know of none so fatal to our success as prescribers as routinism. The evil of such a practice is twofold:

I. *It limits our knowledge of the Materia Medica, and, consequently,*

II. *It induces us to resort to palliatives.*

I. There are many drugs which, by their full provings, and by their wonderfully effective results in the hands of skilful prescribers, are shown to be of inestimable value in the treatment of the sick, but which are almost unknown to very many physicians. This ignorance is owing to the custom of giving Aconite for fever, Belladonna for headache, Nux vomica for all stomach troubles, Rhus tox for rheumatism, etc. When we carefully examine each case that comes to us, we often find one or more symptoms so prominent as to warrant especial consideration, but which do not appear under the characteristics of any remedy we are familiar with. Now is the time for us to *learn something!* We must take up our Repertories, Symptom registers, "Guiding Symptoms," etc., and seek for those peculiarly striking symptoms until we find them. Even if we do not light upon the exact symptoms we are after, we will be more than repaid for the labor of our search by the many new things we will discover, and the many old and partly forgotten facts which will be freshened in our minds. Such study pays far better than speculating upon what special tissues a remedy acts, as how it affects the capillaries, etc. The way it "pays better" is threefold:

1. It pays the patient to have his physician study out the remedy that will cure him.

2. It pays the doctor by improving his mind, and by enlarging his knowledge of the Materia Medica.

3. It pays better *pecuniarily!* When a man is sick he wants and is willing to pay well the physician who can soonest pick out the remedy that will quickly set him on his feet again. A "routinist" is rarely successful in complicated cases requiring remedies outside the polychrests.

II. Another evil which results from routinism, or the failure to study the Materia Medica and learn the curative sphere of each medicament, is the tendency to palliative or temporizing treatment. A routinist, or, in other words, an ignoramus, takes three distinct steps in treating every case that proves at all stubborn. He brings to bear his little knowledge of the Materia Medica, and, to the best of his ability—but what a feeble effort this is—prescribes the remedy he considers nearest in similarity to the case in hand; no good resulting, he tries another remedy, and then another, until in a short time—a *very* short time—he has employed all he knows. Now

comes the next step. He is a would-be-if-he-could homœopathist, believes in homœopathy, as far as he knows, and "always likes to see the similimum work where it is possible." So, his knowledge being exhausted, he prescribes by guess, like a sportsman who with his eyes tightly shut fires where he thinks a bird is, or, where he would like one to be. Of course, he doesn't hit, and then comes the next step: palliation, in the shape of purgatives, anodynes, suppositories, etc. I said there were three steps; I should have said four; for the fourth comes closely after the third. It is when the patient, disgusted with his doctor, drops him and goes off to some one else.

That there are many routinists, or ignorami, in our ranks, is proved by the fact that our journals teem with accounts of cases treated palliatively rather than curatively; and reports where diseases have been suppressed rather than extirpated from the system. And it is again proved that there is a demand for the appliance of such treatment by the fact that we frequently receive from homœopathic (?) pharmacies in this country, *Bulletins* announcing as their wares and stock in trade, all sorts of specifics and nostrums, and giving diagrams of various suppositories for anus, vagina, and urethra, as freely and openly as would any allopathic advertising sheet in the world. Fellow-members! it was not by the aid of any such auxiliaries that Hering, Jeanes, Williamson, Gardiner, and other heroes of their day, established homœopathy in this city so successfully that we are to-day reaping large gains from their labors.

Will any true-hearted homœopathic physician claim that such procedures, as mentioned above, are indicative of the progress of homœopathy? Rather, indeed, do they savor of the distant past, and are fairly redolent with the odors, not sweetly smelling, of allopathy. This will not do. We cannot rise in homœopathy while we are weighted with allopathy; we cannot advance while we are bound to the past; we cannot see the good that lies before us while we are absorbed in looking at the things behind. According to the Scriptural command, we must "put our hands to the plough and not look back." Ploughing is hard work! Oftentimes the ground is hard—where it has been beaten down by the trampling of the many feet of allopathic predecessors; or, the soil (our fields of labor) may be poor and thin, and full of stones (obstructions), where it is difficult to make the ploughshare penetrate and take hold. The weeds and the grasses, the home of the worm, the nest of vermin, the burrow of the fox which de-

stroy the vines, must all be turned out. That is, the tendencies to palliative, or antipathic and allopathic measures, must be overcome, that the homeopathic seeds may be sown and then allowed to spring up and fructify without let or hindrance. Let one hundred young men, of equal capacity, commence practice together; let fifty of them follow Hahnemann's teachings strictly, obeying faithfully the letter, and the spirit of the letter, and let the other fifty practice allopathy, eclecticism, and whatever else they may choose to jumble together. In which number will there be the greatest successes? which number will most benefit their fellow-men? The former class will be led from darkness into light; from cold into warmth; from torpor into a quick and delicate consciousness of real uses performed; from apparent to real good; from irksome service to freedom; from doubts and fears, from the fret and worry and stings of uncertainty, to the strength and peace and joys of orderly and successful practitioners.

One of the remedies which I had in mind as being too little known by the profession is *Calcareo phosphorica*. And I judge so from the fact that I so seldom see it written of or hear it spoken of in debate. I have endeavored, by giving the main and characteristic symptoms of the remedy, to show in a general way its curative sphere.

Calc. carb. claims attention when we see a patient of leucophlegmatic temperament, blue eyes, clear and white skin, fair hair, etc.; *per contra*, *CALC. PHOS.* deserves thought when we see a patient with dingy, dirty-white skin, and frequently dark hair and eyes. The mental symptoms, which always demand the most careful consideration, present with all the troubles, a state of anxiety. Both children and adults are very easily excited, usually to ill humor, peevishness, and often to a violent or snappish state. In both, slight annoyances excite more anger and ill-temper than the cause warrants. Intellectually, the patient becomes obtuse and forgetful. The drug is often useful in cases of disappointed love.

Head symptoms are plentiful, but we may especially think of persistent headache of schoolgirls, which is often accompanied with diarrhoea, vertigo and headache, throbbing, during catamenia, which grows worse after the catamenia increases; morning headache with bitter taste; crawling sensations run over the top of the head, as if ice were lying there; hot head, with smarting at the roots of the hairs; black, itching scurfs on the top of the head; also, scrofulous ulcers. In children, the fontanelles remain open a very long time. The

cranial bones are soft and thin, they almost crack like paper when pressed; cannot hold the head up, the nurse is obliged to support it; eyes look red, with sensation as though a grain of sand or some other foreign substance was in them; misty sight, letters indistinct, cannot read; light, particularly lamp or gas light, hurts the eyes; cataract; amaurosis; ulcers on the cornea; pain in the face, particularly in the upper jaw-bone, from right to left; swollen upper lip, painful, hard, burning; slow dentition, with cold tumors and emaciation; cough, and much rattling in the chest during difficult dentition; *tip of the tongue sore, burning little blisters*; unusual hunger at 4 P.M.; children are flabby and emaciated, but *want to nurse all the time*. Sensation at the stomach as if empty, or sinking, or expanded, or pressure as if had eaten something hard; burning, and rising of water into the mouth; bellyache on attempting to eat; much severe colic; hæmorrhoids, which constantly ooze a watery fluid; itching of the anus with stitching and burning; fistula ani, alternating with chest-symptoms; as the fistula is worse, the chest-troubles improve, and *vice versa*; diarrhœa, very offensive, with much flatulency, produced by cider or juicy fruit; renewed urgency after wiping, when a little more is evacuated (mornings); urination frequent, large quantities, with feeling of weakness; weakness and distress in the region of the uterus, and in the displaced uterus, aggravated by passing urine or stool. All symptoms are aggravated before, during, and after catamenia. As the catamenia grows less, leucorrhœa increases, looking like white of egg; breathing frequent, short, and difficult; contraction of the chest, and difficult breathing, evening, till 10 P.M.; better on lying down, worse when getting up. A slight draught of air is followed by rheumatic pain in the neck, stiffness and dulness of the head; cramp-like pain in the neck, alternating from side to side; aching of the back, below the shoulder-blades; in the sacro-iliac union soreness as if separated; pains flying about in all parts of rump and limbs, after getting wet in the rain; aching in all the limbs; legs very tired and weak; weariness when going up stairs; (Ars.) wants to sit down. Pains, etc., mostly where bones unite and form a symphysis or suture. Always worse from every little cold; much aching in the uterus; worse from cool or cold air, after cold bath, drinking cold water, taking cold, damp cold weather, ice cream—every kind of cold, and everything cold, aggravates.

Generalities.—Large pedunculated polypi; diabetes, when the lungs are implicated; rheumatism leaves in summer and

returns in cold weather; spoiled milk of mother; curvature of spine to the left; broken bones which do not heal.

CALCAREA PHOSPHORICA (EX USU IN MORBIS).

BY DR. MOSSA, OF BROMBERG.

(Translated from the *Allgemeine Homeo. Zeit.*, July, 1883, by H. F. Ivins, M.D., and read before the Homeopathic Medical Society of the County of Philadelphia.)

WITH the manifold, often quite aimless, experiments with medicines on the sick, it is not surprising that the physicians of the old school sometimes strike against a little grain of gold; it is, however, directly lost in the desert-sands of allopathic therapeutics. Our Hahnemann has done much with his provings, by the use of a single remedy at the bedside, by conscientious observers who have also taken cognizance of the experience so often met with in the "observations of others." In such observations we find valuable material by which the knowledge of the action of our medicines can be not only partially confirmed but even somewhat extended.

Thus, in a paper, by Dr. Caspari, of Steinberg, on the therapeutic action of *Calcareo phos.*, published in the *Deutschen med. Wochenschrift*, of the year 1880, I have noted some observations which I would here gladly share with my colleagues.

In 1872 the doctor published a case of hæmaturia which he cured with *Calc. phos.* His five-year old daughter suffered from renal hæmorrhage. After contracting a cold the child had a high fever, pain in the region of the kidneys, and for twenty-four hours could void no urine. Then followed the painful passage of a deep-red urine, which contained so much blood as to coagulate after standing. The hæmorrhage continued in spite of the treatment with cold applications, mineral acids, alum, chloride of iron, *secale cornutum*, etc. So continuous and considerable was the bleeding that after eight days marked anæmia appeared, and the debility became threatening. At this time the author found, in the second volume of Stromeyer's *Chirurgie*, *Calcareo phos.* recommended for hæmorrhage from the urinary tract, but not particularly for renal hæmorrhage. Without especial hope he gave the remedy. The result was wonderfully speedy; ten hours after the first dose the quantity of blood in the urine had diminished, and in three days the bleeding had ceased.

(I take this opportunity to mention a case of hæmaturia which occurred in a young man who was suffering from gonorr-

rhœa at the time. I failed to cure the patient with, apparently, the best indicated remedies, including cantharides. He was subsequently cured by a tea made from *uvæ ursi* leaves; a teaspoonful, every two hours.)

Dr. Caspari has—since the case already detailed—used the Calc. phos. in several instances for bleeding from the kidneys; in some cases where the hæmorrhage arose from mechanical causes, as, for instance, concussion.

Hæmaturia Vesicalis.—A servant, after receiving a kick in the abdomen, developed an inflammation of the bladder and abdominal walls, accompanied with hæmaturia. On account of this latter symptom, Calc. phos. was prescribed, and promptly cured the patient.

Another instance was that of a patient suffering from diabetes in the latter stages. The patient had lain in bed several months; the bladder was constantly filled, and from which very thick, dirty-red and offensive urine dribbled continuously. After using Calc. phos. the urine became inoffensive, clear, and normal in color.

Excessive Menstruation.—In these cases, when too early, too long-lasting, and too profuse—sometimes amounting to metrorrhagia—especially in graceful, weak women, the doctor obtained good results from the use of Calc. phos.

There was, in some of these cases, at the same time, a greater or less degree of anæmia present; in those cases he prescribed, in conjunction with the chalk, Iron, *i. e.*, Ferrum lacticum. Calcarea phos. often proved itself qualified to remove the tendency to the morbidly increased menstruation. In very many cases the doctor saw, after the long administration of this remedy, the periods brought back to their normal condition, the blood formation improved, and with it appeared an increase in the patient's strength. In chlorosis, also, the combination of Calcarea phosphorica with Ferrum proved very useful, where Iron alone had done but little good.

Tuberculosis.—In blood-spitting, as well as in profuse purulent expectoration, Dr. Caspari has seen good results from Calc. phos. He cited an observation of Dr. Rhoden, of Lipp-spring Baths. It was the case of an apothecary's assistant, who was suffering from consumption. In this man the excessively increased expectoration had been repeatedly reduced by the action of Calc. phos.

In two cases of phthisis treated by Dr. Caspari, the inter-current hæmoptysis of the one and the profuse purulent expectoration (occurring in the autumn and spring) of the other

patient were so much relieved by the administration of Calc. phos., that both patients were able to resume their work.

From our standpoint the dose given—5.0 to 7.0 grains per day—seems quite massive. When Iron was administered with the Calc. phos., only half as much of the former as of the latter was given. Dr. Caspari inclines to the belief that Calcarea phos. has a peculiar specific action on the capillaries; when given with Ferrum he thinks the quality of the blood is more speedily improved. For an explanation of the peculiar action of the drug he refers the reader to physiological chemistry.

When we compare the histories of these cures, which are far too general for us, with the results of the provings of the Calcareas, and the unfortunately too little proved Calcarea phosphorica in particular, we find a marked resemblance. Much light has been thrown upon this remedy by Schüssler in his tissue therapeutics. Although the size of the doses used does not agree with our mode of administration, yet we must not fail to note the favorable results which have been here obtained with the comparatively massive doses of this restorative medicine.

RENAL ABSCESS—NEPHRECTOMY—RECOVERY.

BY PROFESSOR JOHN E. JAMES, M.D., PHILADELPHIA, PA.

W. H., æt. 14 years, of Tom's River, N. J., was presented to the clinic of Hahnemann Medical College, October 30th, 1883, by Dr. Webb. *History.*—Had always been troubled with nocturnal enuresis, which increased and caused very frequent micturition day and night during fall of 1882. In December he was troubled with retention of urine, and for the first time consulted a physician and received temporary relief. The pain in the urethra became intense; the urine also was thick and clouded. During the spring of 1883 he had several attacks of sudden stoppage of the flow, which would sometimes be renewed by a change of position. He passed under the care of several old-school physicians, and in June, Dr. Webb, a homœopathic physician of Tom's River, was called. Upon examination he found in addition a large abscess pointing over the left kidney; he opened it, when a large amount of pus and urine was evacuated; a fistula resulted, which continued to discharge pus and urine; the urine passed by the urethra also contained muco-pus in large quantities. He became very much prostrated and emaciated, and also lost all power of retaining the urine; it dribbled from him constantly. During the sum-

mer he suffered much from frequent attacks of severe cramp-like pains in the left side of the abdomen and loins. In September he passed several small calculi (three, I think) per urethra, after which the severe pains ceased.

On presentation to the clinic he appeared very tired from the journey to the city, weak, emaciated, and nervous. Upon examination there was revealed a greatly redundant, inflamed, and ulcerated prepuce; a urethra so tender that the attempt to sound the bladder was postponed on account of pain; urine was constantly dribbling; on the left side was found a swollen, boggy condition, with a fistula opening about one inch below the free margin of the ribs, and nearly five inches from the median line of the back. He was placed in the Hospital, and on the following Friday, with Professor C. M. Thomas and the clinical assistants present, he was etherized, the bladder injected, and then carefully sounded for stone; the bladder walls were found thickened and sacculated, but no evidence of stone was elicited. Upon examining the fistula nothing was learned except that it probably was connected directly with the kidney. We then decided that at an early day exploratory incision should be made, and, if practicable, the offending part removed. His physician and friends were accordingly notified.

On Tuesday, November 6th, with Drs. Maguire, Posey, and Stewart assisting, in the presence of the class, Dr. Webb and others, the boy was etherized, the bladder injected, and again sounded for stone without avail. I then enlarged the fistula and introduced my finger into a pus cavity beneath the external layer of muscles. I then extended my incision down to the crest of the ilium, and raising the deeper tissues upon a director, incised them to the extent of external incision, and found a sac, containing pus and urine, surrounding the kidney; the kidney itself gave a boggy feel to the fingers with soft indentation as if degenerated. Upon further examination no evidence of stone either in the ureter, as far as I could reach it, or in the pelvis of the kidney, was found; but the latter was retracted upward about one and a half inches above its normal position, and firmly held by strong, fibrous bands.

I then enlarged the opening by an incision through all the tissues upward and backwards for two inches. As the kidney was so firmly held, some difficulty was experienced in ligating the vessels, which was accomplished by passing a ligature of No. 14, iron-dyed silk, through the eyes of a silver tube catheter, and separating the vessels into two portions, which were then

separately tied. The adhesions before mentioned were then torn away by the finger, and the organ separated by the scissors and removed entire. No hæmorrhage followed; the wound was thoroughly and quickly cleansed and closed by interrupted sutures, a drainage-tube inserted and dry lint dressing applied, and the patient removed to a warm bed.

During the latter part of the operation the patient gave evidence of rapid sinking, and hypodermic injections of brandy were freely used. After the operation the shock was very great, requiring constant application of warmth, friction, inhalation of ammonia, hypodermics of Brandy and Digitalis for one hour and a half before entire consciousness was restored.

At 7 P.M., temperature was 98, pulse 78, and patient feeling comfortable. At 1 P.M., the following day, highest temperature 103.2, pulse 116. At 9 30 P.M., temperature 101, pulse 124; complained of pain and restlessness; gave Morph. sulph., $\frac{1}{4}$ grain. Slept from 11 P.M. till 6 A.M.; from this almost steady improvement; temperature ranging from 99 to 100 at night and normal in morning during the healing of the wound, part of which was by primary union, part by granulation and suppuration.

The urine was scanty at first; in two or three days a freer flow, and containing about same quantity of pus; this improved, however, for about four weeks, when suddenly the temperature arose to 103 again, and urine loaded with pus; the prepuce, which was not removed in consequence of the weak condition of the boy, had so improved as to be almost free from inflammation, now became swollen and inflamed; the wound over the kidney site looked well. Buchu was given and warm water applied to the penis, after which the temperature became normal; and on December 18th he was again etherized with little or no shock, and circumcision performed; immediately after which increased control of his urine was had; he could retain it at first for half an hour, which in one week increased to two and three hours; the pus disappeared rapidly from the urine; and on December 18th he was able to walk from the ward to the clinical amphitheatre, and was presented to the class, the wound in the loin almost entirely healed. He left the hospital for his home January 5th, 1884, with only slight traces of mucus in the urine.

Upon examining the kidney the pelvis was found to contain pus, with the tissues changed and in process of degeneration. Some patches of degeneration (abscesses in various stages) were found throughout the kidney; three of them had opened, and were discharging pus into the perinephritic sac.

No calculi were found, nor evidence of the recent presence of any, in the kidney or ureter. Professor W. C. Goodno examined a portion microscopically, and reports only fibrous changes.

Was it possible that the small calculi passed some seven weeks before the operation were the cause of these changes?

When we consider the history, as well as the changes found, I am of the opinion that the case was one of pyo-nephritis, due to the congenital redundant prepuce, and the subsequent phimosis the result of inflammation; the cystitis, pyelitis and nephritis following in succession.

INDICATIONS FOR ARTIFICIAL DELIVERY IN CASE OF MATERNAL DEATH.

BY B. F. BETTS, M.D., PHILADELPHIA, PA.

(Read before the New Jersey State Homœopathic Medical Society.)

WHEN a woman dies in the later stage of pregnancy it is evidently the duty of the physician to extract the child by artificial means, if there is a possibility of saving its life by such an effort. In some parts of Europe this duty is made imperative by legal enactments, which require the accoucheur to effect delivery as speedily as possible in *all* cases where gestation has reached the sixth month, with the object of saving the life of the fœtus, when the operation can be done early enough for having certain rites of the church performed in the event of its death.

In this country we are bound by no other law than that moral law which makes it incumbent upon us to save human life from destruction whenever it is possible for us to do so. In order to acquit ourselves of this duty it is necessary that we should have a clear perception of the indications for artificial interference in all such cases. Yet, as the physician feels that it is not likely that it will often fall to his lot to effect post-mortem delivery, he is apt to neglect to give the subject that attention which would facilitate the operation when the necessity for it arises in practice. It is obviously too late, if the importance of the subject is recognized only after the opportunity to save life has been lost, and when the duty which the status of modern obstetrical science lays heavily upon our shoulders has been neglected. In answer to letters of inquiry, I find that many of the oldest practitioners of obstetrics in Philadelphia and vicinity have met with cases in which it might have been possible to have extracted a living

child from a deceased woman if prompt efforts had been made. In a letter from the late J. H. Marsden, M.D., written a few days before his death, he relates the following case in his usual clear and forcible style. He says: "I have met with one case such as you have in view. The woman died suddenly of heart disease, a few nights before her expected confinement, when she was in apparently good health in every other respect. The messenger came for me about midnight. He said she was supposed to be dead before he left the house, so that, when I arrived, the body had lost its natural warmth, and rigor mortis was noticeable. The husband, who was intemperate, had just returned from town in a state of intoxication. Inasmuch as there seemed to be no probability of saving the child I did not interfere. At an earlier moment the child would probably have been saved, and had I then been present I would at least have proposed hysterotomy." I have no doubt but that a similar inquiry may bring forth from other physicians the history of similar cases in which early interference might have saved the lives of children.

Two cases have come to the knowledge of the writer of this paper quite recently. One was a case of death by hanging, in which foetal movements were both seen and felt by one of the first persons who saw the woman after the suspension; but, as no physician was present for a long time, no effort at extraction was made. The other case was that of a lady in the later stage of gestation, who died very suddenly of some heart affection. A neighboring physician was sent for, and by his prompt and skilful interference the child was delivered alive. In such cases as these the chances for saving the child's life are the best. It is when maternal death has been sudden, as from suicide, accident, or heart disease, that the child retains its vitality the longest.

The extraction of a child from a recently deceased woman is attended with many unpleasant features, both for the physician and her friends; but it is quite as unpleasant to feel that we are idle witnesses of the slow death of a foetus struggling for liberation from its mother's womb. On the one hand, we may be rewarded by the consciousness of having saved a human life, which may be of more than ordinary significance in those cases in which questions of inheritance are involved; on the other, we feel, and the woman's friends will recognize the fact, that an important opportunity has been lost.

In all cases we may be guided by the following considerations, viz.:

1st. Are the evidences of the woman's death conclusive enough to warrant artificial delivery?

2d. Are the evidences of life in the child sufficient to warrant the attempt to save it by extraction? Of course the first indication for artificial extraction consists in a certainty of the mother's death. If there is a strong likelihood of resuscitating the mother, no one would attempt artificial delivery. Yet, as time is such an important element of success in the extraction of a viable fœtus, this point should be settled as speedily as possible. We must apply the usual tests quickly and as efficiently as possible; and, as the first incision in the Cæsarean section has restored patients who were thought to be dead to consciousness again, every operative procedure should be instituted and carried out with the same care as though the patient's life was assured. Nothing should be done that will render life impossible from the very nature of the injury inflicted.

As regards the evidences of life in the child, it must be remembered that they are not the same as those we look for when the mother is living; for instance, we need not expect to feel the foetal movements, or hear the foetal heart-sounds, after the lapse of ten or fifteen minutes from the time of the mother's death, and yet a living child may be extracted after that period. Indeed, in most cases the child is asphyxiated, no matter how early it is extracted; hence it makes but few feeble movements after the mother dies. It requires to be started in its journey of life by means of artificial respiration, so that the most important element of success in restoring it is to effect its extraction as speedily as possible.

As has been already intimated, we may draw many valuable conclusions regarding the probabilities of life in the child from the nature of the mother's death. In those cases in which death has resulted from a sudden onset of disease, from accident, suicide by hanging or shooting, or where nervous shock plays an important part in the tragedy, the vitality of the child is retained for a considerable time. Also in cases that have succumbed to cerebral apoplexy, gun-shot wounds, and to Bright's disease, chloroform narcosis, hæmoptysis, convulsions, etc. In case of death from protracted illness with high temperature, as in fevers, such as small-pox, scarlet fever, septicæmia, peritonitis, etc., the child does not survive the mother very long. Poisoning, with such substances as hydrocyanic acid, carbonic acid gas, and such materials as result in a rapid decomposition of the blood lead to a speedy death of the fœtus.

The influence of the different cachexias may also be taken into account, as they tend to lower foetal vitality. This is especially the case with the syphilitic dyscrasia, especially in women who have contracted the disease before the sixth month of gestation. After that time the infection has much less influence upon the child's vigor.

Experiments on the lower animals have been made to ascertain the length of time the foetus may live after the mother has perished; and it has been found that asphyxiation occurs early, but the foetus has been removed alive after the lapse of forty-five minutes. No evidence has been adduced to prove that the human foetus is liable to perish sooner. On the other hand, cases are recorded in which a living child was extracted after the lapse of one hour from the time of the mother's death, but such cases are rare, and the records are not always reliable. From twenty minutes to half an hour affords a good prospect for successful delivery, if other conditions are favorable.

If the woman is dead, and there is a possibility of the child being still alive, two methods of artificial delivery present themselves for consideration, viz.: Extraction "per vias naturales" and by the Cæsarean section. In those cases in which the os is dilated or dilatable, the former method is the most applicable. It will also be the most readily assented to by the family and friends of the deceased. After the sixth month the os relaxes at the time of death, and it is seldom difficult to effect complete dilatation by means of the fingers or some artificial dilator, when it is available. In its absence, free incision into the cervical tissue should be made by means of the knife so guarded at the point as to protect the presenting part of the child from injury. After the cervix is opened, the choice of the method of delivery will lay between version, and the application of forceps. Version will be preferred if the child's head has not engaged in the superior strait, whilst forceps will answer the best purpose if labor has commenced previous to death leading to descent and engagement of the head in the pelvic strait. The Cæsarean operation is more appropriate when the child is large, the os undilated, and the head disengaged, or when there is some deformity in the pelvis, which would render a natural delivery difficult. In extra uterine foetation, if death occurs suddenly after the sixth month of gestation, from violence, shock, etc., extraction can only be effected by abdominal section. Usually the sac ruptures before the child is viable, and the section is performed upon the living mother, in order to save her life by its extraction and

the control of hæmorrhage, no hope being entertained of saving the child; but should this accident occur later, both mother and child may be saved by such an operation. The immediate chances for saving the lives of both being in proportion to the amount of hæmorrhage induced by the rupture, no effort need be made to remove the placenta from its attachment. This rule holds good whether the mother is dead or alive. If she is dead, there is no necessity for its removal, and if she is alive, the necessity is overbalanced by the danger of serious hæmorrhage from its site. It is far better to trust to nature's efforts to dispose of it, leaving an opening through the abdominal incision for the débris to be discharged. In rupture of the uterus, abdominal section may save the life of both mother and child if speedily performed, for it then affords the only means of delivery if the child has been expelled into the abdominal cavity.

The ordinary pocket case of instruments contains almost all the surgical appliances necessary for the Cæsarean operation and abdominal section, yet, of course, when the operation is to be performed upon the living subject, additional means will be desirable to control hæmorrhage and remove discharges from the peritoneal cavity. Abdominal section has been successfully performed for the extraction of a living child from its dead mother's womb, by means of a razor without any handle, and it is said a butcher's-knife answered the purpose in a successful Cæsarean extraction in Paris. As no time is to be wasted, the means at hand have to be made speedily available, yet in every instance we do our duty best when we do it in the kindest and most orderly manner, so as not to do violence to those feelings of respect all hold for the dead. When our efforts are not crowned by success, we are rewarded by the consciousness of having done our duty. When we succeed in saving a life by such an effort it can be weighed against many unsuccessful attempts.

AN OBSERVATION OF EFFECTS OF PICRIC ACID.

BY JOHN C. MORGAN, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

THE value of this drug in *hemisrania* and *general debility*, particularly when irritability is exaggerated, is strongly suggested by the following record:

During December, 1883, I was generally "run down," owing to anxiety, loss of sleep, etc. The left lower first and

second molars had been recently filled, and the gum between, in contact with the metal, became sore and painful. The inflammation extended to the third molar, which was painfully loose, and also to the upper jaw and auditory meatus. A furunculoid swelling, as from lymphatic extension, also appeared on the lower wall of the latter, with soreness going from teeth to ear, on pressing the jaws together. At the same time a dull pain in the back of the neck and head, due to astigmatism, returned in spite of glasses. The sexual system was irritable, but weak. I was in a despondent, yet enduring, mood, with sensitive feelings.

The *tout ensemble* of symptoms was clearly that of *Picric acid* (*vide Allen's Encyclopædia*). This was taken in the 30th centesimal, three times, and later twice daily, for a number of days, with prompt resolution of the inflammations and of all local troubles; the loose tooth tightened; progressive relief, and a complete and rapid rebuilding of the vital forces ensued, with quieting of the sexual erethism, increase of courage and energy, etc. When the improvement seemed to leave nothing to be desired, the drug was suddenly stopped, and pathogenetic effects, as I certainly consider them, soon set in. A somewhat sedentary afternoon and evening followed a hearty dinner. At about 11 P.M. a loose stool occurred, and in the morning another, less pronounced. During the night sensitiveness of the epigastric region, preventing lying on it. This proved quite lasting later, partly on account of simultaneous eye and head symptoms.

Painful, sore, and lancing pressure in the deep muscles, above and below the right elbow (flexors), worse when exerting them (persisted for weeks).

The most striking symptoms, however, subsiding with the gastric were those of the eyes and head—*old sores*—removed and much aggravated, as follows:

Repeated attacks of half blindness, of right lower part of visual field, appearing, in bright daylight, like a clay-tinted cloud, some sparkling. They began after stooping over while dressing in a strained position, and exerting the arms; on rising the blindness appeared, continuing about twenty to thirty minutes. They also occurred after facing strong gas-light in church (on going out into the street). For years these attacks ended as they began (without sequelæ); but, of late, they were followed by slight headache, of the nature of *migraine*. The present attacks are remarkable for their frequency, as often at first as three in one day, instead of at long

intervals; also, for the regular alternation of the ensuing headache between the right and left sides; first in the supra-orbital nerve-tract; then the temporal, and speedily in the occipito-mastoid regions; first in the right side, then the left, then the right, etc. On the whole, most and lastly, settling on the left side; always lasting for some hours, with poor appetite.

After eating strong peppermint candy one night, had two emissions, with dreams, near morning; with this ended the observation.

It may be objected that the eye and head symptoms having previously existed, they were the joint action of two factors as always, viz., a susceptible organism,—plus, a pathogenetic force. Strange. Never had the effect of the former alone equalled this; hence both factors must have acted alone.

FÆCAL IMPACTION MISTAKEN FOR OVARIAN TUMOR.

BY JAMES KITCHEN, M.D., PHILADELPHIA, PA.

IN the *Medical and Surgical Reporter*, October 6th, 1883, a case of mistaken diagnosis is reported, attended by Dr. Atlee, of Lancaster, as follows: A single lady, aged 39 years, applied to him on account of a tumor in the lower right portion of the abdomen. She had always menstruated regularly, and enjoyed good health—a teacher in a public school. On examination, a hard tumor was found occupying the hypogastric region from the umbilicus to the iliac region, especially to the right. It was hard and slightly movable from side to side. It did not move the uterus, nor descend into the pelvis. Diagnosis, a fibroid tumor of the right ovary, and an operation was agreed upon, and day appointed. On opening the abdomen, a large, chocolate-colored mass was seen, very hard and slightly nodulated, which proved to be an enormous right lobe of the liver. Of course, the opening was closed immediately and the patient put to bed.

I will now relate a case, somewhat similar to the above, which happened to the late Dr. Atlee, of this city, and which was mentioned to me by a lady, to whom I was called, suffering under a severe attack of neuralgia. After prescribing for her, she told me that some years previous she had been attended by Dr. Atlee, of this city, for a tumor in the left side of the body, which he diagnosed to be an ovarian tumor, and told her she ought to be operated on as the only means of

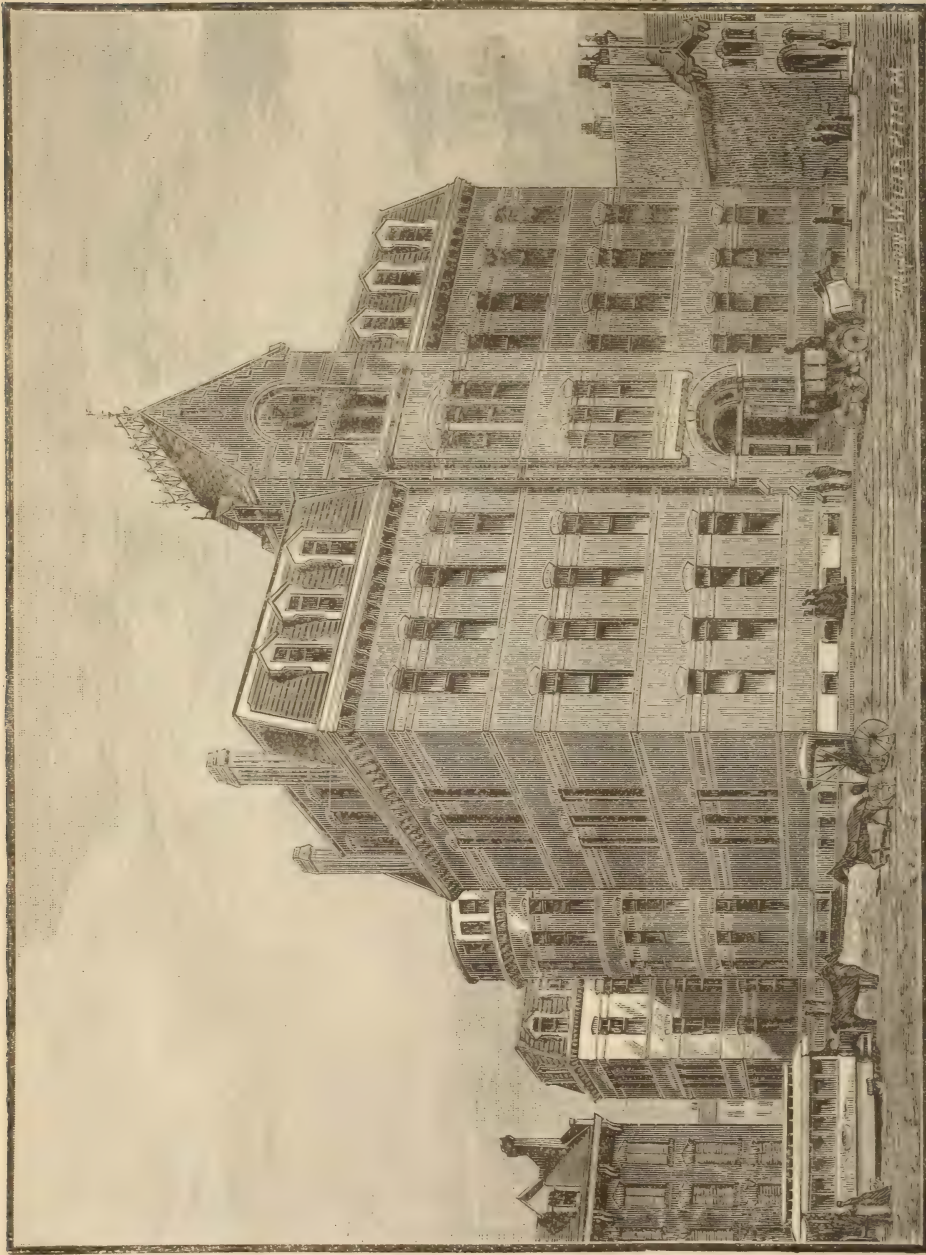
saving her life. She most positively declined, saying she would rather die than undergo any operation. Several weeks elapsed, when the doctor called again, and brought with him Dr. Darrach who, upon examination, confirmed Dr. Atlee's diagnosis. The same advice to be operated on was urged by both these, and the same strenuous denial given by the patient. In a few days after this interview and examination, it so happened that a lady friend paid her a visit, and, in the course of conversation, she mentioned to her the circumstances of her situation, and asked her advice. Her answer was that, if she placed confidence in her medical advisers, she had better accede to their advice, but adding that there was a French physician staying with her, on a visit from Paris, very intelligent, and in good repute in that city, and that if she would permit her, she would bring him to see her. Her request was gladly granted, and on the next day the visit was made. After a very short external examination, he pronounced it a mass of fæcal matter, and that he could relieve her of it in a few days. His treatment consisted in pills of ox-gall internally, and injections of a saturated solution in water of the same. He was led to use this course of treatment in similar cases that had come under his care by experiments he had instituted to find out what was the best solvent for the fæcal excreta of dogs, which, after some time, become as hard as stones. After trying a great many solutions of various substances, it was proved that ox-gall was the quickest and most effectual.

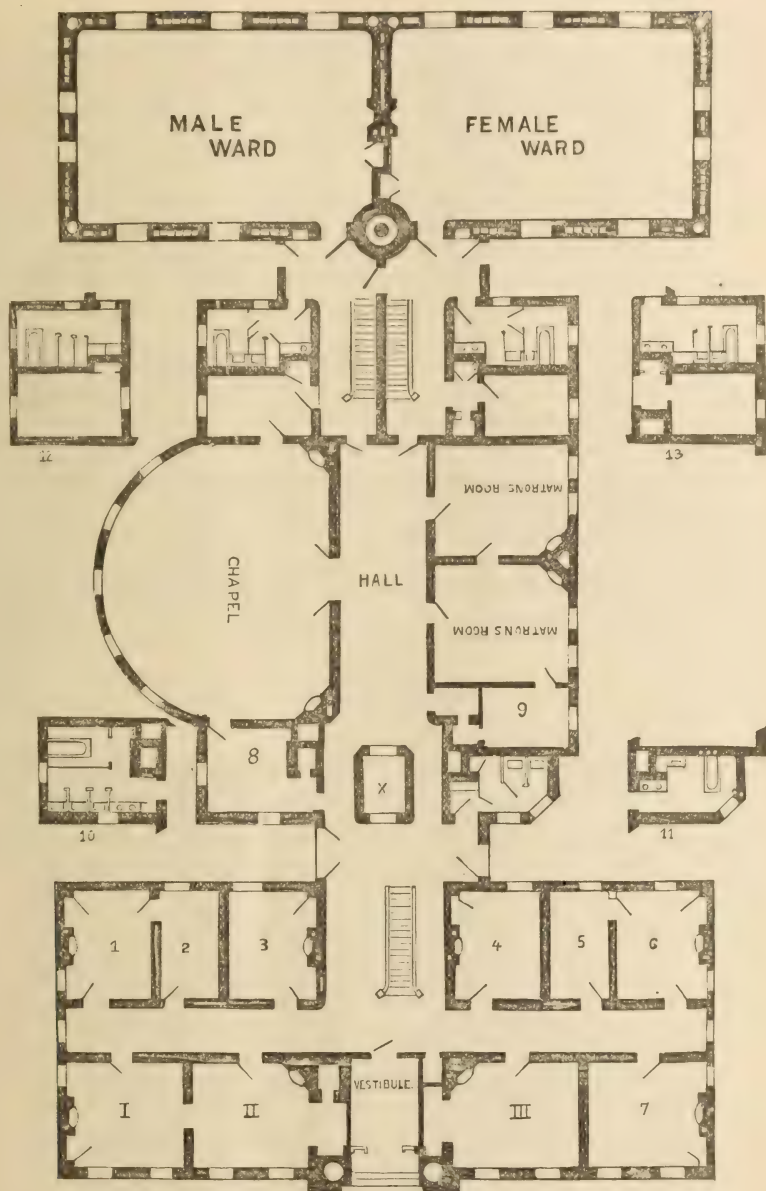
The inference, it appears to me, is that surgeons should be very careful in their diagnoses in such cases. Would it not be right, in every case where there could be the least doubt, first, to make use of the exploring needle, which would reveal the nature of the substance composing the tumor?

Miscellaneous Contributions.

THE NEW HOSPITAL BUILDING AT PITTSBURGH.

LAST month we gave a brief account of the fair recently held in the now completed building of the Pittsburgh Homeopathic Hospital, together with a general description of the magnificent structure, and a glance at the history of the institution. Since the issue of our last number we have received a cut showing the plan of the first floor of the hospital, and also one exhibiting the building in perspective. Our readers





will thus be enabled to familiarize themselves with the appearance and general interior arrangement of this the largest and most complete hospital of the kind in the world.

From a recent number of the *Commercial Gazette* we learn that the net profit of the "house-warming" will amount to about \$28,000. During the last evening of the fair the admissions footed up 2751, and made a total of 21,069 persons who paid admission fees during the progress of the fair.

The local newspapers teemed with editorial notes and paragraphs referring to the hospital, the house-warming, and the ladies and gentlemen connected with the enterprise.

In the plan of the first floor of the hospital, No. I. is the private office of the Executive Board; No. II., the general office, No. III. the parlor. Nos. 1 to 7 inclusive are private wards. Some of these rooms communicate, for the convenience of special nurses, or for a friend or attendant of the patient. No. 9 is an ante-room to the matron's rooms, one of which is used also for an office by the Hospital staff. Nos. 10 and 11 are above 8 and 9 and form a "sub-story." Nos. 12 and 13 ditto. X is the elevator. Both the front and back stairways are shown; the latter being completely fire-proof in its arrangement, as well as in its material.

CORRECTIONS.

TO THE HAHNEMANNIAN MONTHLY:

In the report of the Bureau of Materia Medica and Provings, made at the late Niagara Falls meeting of the American Institute, in speaking of the specimen work of the special committee of the British Homœopathic Society, I am reported as using the term "Aconitum," where it should have been *Aconitinum*. In reading the proof of the publication, I did not observe the error. And in speaking further, of the different specimens submitted by that committee to the British Society, I stated that the work was not satisfactory, among other reasons, because "something of a schema was desired."

I cannot say, now, how I came by that impression, but I am assured by Dr. Hughes that no member of the society objected to the work submitted on that ground, and that no wish was expressed, in any of the discussions, for a schematic arrangement of the drug symptoms.

Readers of my report will please bear these corrections in mind.

J. P. DAKE.

NASHVILLE, January 10th, 1884.

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No. 2.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

PRELIMINARY EDUCATION.—In connection with Dr. Dake's discussion of the subject of "Medical Legislation" (see this number of the HAHNEMANNIAN), we wish all our readers could have access to the paper entitled "M.D.—What It Is, and What It Should Be," by Flavel S. Thomas, M.D., in the New England *Medical Monthly* (allopathic), of January 15th. The paper in question has afforded us more satisfaction than almost any article upon the subject that we have ever met with. Not that the views it expresses coincide exactly with our own, for they do not; not because its writer pays a high compliment to one of our homœopathic colleges—the Boston University School of Medicine—but because its treatment of the subject is eminently logical and practical.

Evidently the writer of that paper considers that, as Medicine is pre-eminently a utilitarian calling, the education of the physician, preliminary and professional, should embrace particularly those departments of knowledge, which can either be employed directly in his vocation, or else can serve to develop and direct his powers of observation, of reason, and of judg-

ment. He even goes so far as to intimate that these departments should not be ignored, or even neglected, for the sake of those others which, partaking more of the character of ornamental culture, are by so many regarded as lying at the foundation of a liberal education. It is not surprising that, under this conviction, our writer attaches no more value (if as much) to Greek literature for the physician, than does Charles Francis Adams to a similar training for the polished academician, and that he does not fail, on the other hand, to extol the importance of Latin, French, and German literature, as valuable, if not essential auxiliaries.

These views are unquestionably in close harmony with the tendency of much of the thought of our modern scholarship. Education is coming more and more to be rated at what it is really worth to its possessor and to the public, and its character and quality are being modified to meet the demands of actual work-day existence. Hence it is that the biological, physical, and social sciences are loudly and effectively claiming a large proportion of the student's time and thought, that formerly were given more exclusively to the dead languages.

It would be an easy thing to let this modern tendency run too far, especially as it affects the preliminary education of medical men and women. Whatever limits either the breadth or the depth of the physician's scholarship, limits also in some measure the breadth and the strength of his influence in the community, and correspondingly narrows the field and measure of his usefulness. The highest worth of the medical profession to the public can be attained only as the profession rises into the highest public esteem, and this can never be accomplished, except in the presence and possession of the broadest and profoundest intellectual culture,—a culture, nevertheless, which must only supplement, but never supplant, that practical education, which the physician employs in the sick-room, and which the hard-headed world denominates "skill." The physician's lack of intellectual polish may be easily overlooked; his want of medical and surgical skill is pardoned, never.

It seems reasonable, then, to prefer that the physician's preliminary training should be directed always *first* with a view to the future development of the highest professional skill, and only *secondly* with a view to the social position he is expected to occupy. As we note the results of preliminary education, it does not appear that all the advantages are held by the physician who spent his earlier years in academic halls, and all the disadvantages by that other, who, at the same time, was

developing *his* manual and ocular and aural and cerebral powers in a newspaper office, or on a farm, or in a machine-shop.

There ought to be established a clearer understanding and a more intimate relationship between the medical college and the medical preceptor. Even if our colleges do not and will not take decided ground on the subject of preliminary qualifications, there should be at least a general and definite conception in the professional mind as to what the qualifications of the student, entering a medical college, ought to be, and the preceptor should conscientiously "work up" to that conception,—should set for the student such a course of training as might fit him for successful collegiate study, and redound to his own honor, instead of encouraging him, as too many do, to make all speed to the possession of a diploma. Let the preceptor magnify his office; it is as honorable as that of the professor, and should be so regarded. There are physicians,—and the writer is one of them,—who will take no student into their offices, except upon the clear understanding and agreement that they—the preceptors—are to prescribe the whole course of study, preliminary and collegiate, including the selection of the college, and the determination of the term of pupilage. Similar rules should be adopted by all medical preceptors.

THE FALSITY OF NON-SECTARIANISM.—Strange, passing strange, are some of the results of the present relations of the two rival schools, allopathy and homœopathy. On the one hand, we find a homœopathist compiling a compend of allopathic *Materia Medica*; on the other, an allopathist writing about the single remedy, triturated drugs and low potencies, and placing in peaceful companionship the clinical experiences of both schools.

"Truth," says the latter, "is the property of no one school of medical philosophy, and as each possesses special merit, it is the duty, as it should be the pleasure, of progressive and conscientious physicians to dispassionately examine all remedies and exercise in perfect freedom their right to adopt such as commend themselves as useful for the cure, palliation, or prevention of disease" (*A Digest of Materia Medica*, by Dr. Merrell, Preface).

There is something wholesome in this quotation; but there is something direfully false in it, too. Truth is indeed free to all, it belongs not to man, but to the Giver of all blessings.

Truth, however, is founded upon principles, it is at one with nature's laws. Torn from its source, it becomes like a flower severed from its plant; it soon withers and fades. And yet allopathic reformers and homœopathic compromisers would discard principles and meet upon the common ground of experience, of so-called facts. But facts plucked from their parent principles are of limited usefulness. They flourish for awhile, but sooner or later failing, are discarded for new claimants; hence arises that bane of medicine, fashion in prescribing. To-day it is the style to bleed; to-morrow, to stimulate. First, ice is the styptic; later, hot water. Now Ipecac., is given as an emetic; then, as an anti-emetic.

Homœopathy as a school, because it is founded upon law, is free from such contradictions; but if its votaries are to accept the bland offers of their opponents and step out into the broad road of "experience," allopathists will be benefited by homœopathic spoils, but homœopathists will soon sink into helpless routinism.

Whence, we ask, came these many facts Dr. Merrell chooses to quote? Not, we aver, from clinical experience, solely or chiefly, but from the application of a law. How, then, can they be successfully employed wedded in strange and unnatural union with experiences they contradict? How, too, are they to be used severed from the rules they illustrate and confirm?

As we remarked in reviewing Dr. Merrell's book, we must maintain our distinctiveness as a school; or we will sacrifice our principles in a mistaken notion of liberality, and will become blind routinists, seeking for what we cannot find, and irrational because we have sacrificed principles for sensual facts. It is this irrationality which we regard as the direful falsity in all recent attempts to unite the several schools of medicine.

PUERPERAL SEPTICÆMIA.—Dr. T. Gaillard Thomas, after graphically describing the condition of a recently emptied uterus—with its grayish, sloughing endometrium, its raw, irregular placental site, offensive or unpleasant odor, and its abraded cervix—goes on to say: "Theorizing, one would suppose that the mortality must be excessive; and yet only about one in a hundred parturient women ordinarily die when properly cared for during labor, even in public hospitals."

A leading cause of even this slight mortality is, he thinks, septic infection, furnished by the air or by the attendants. He then proceeds to give at length his plan of treatment, preventive and curative. Briefly this consists in the preparatory thorough disinfection of the lying-in room and of nurse and

doctor by carbolic acid or mercuric bichloride (1 part to 1000), and in the injection of the woman in the beginning of labor. Both physician and nurse should *scrub* their nails with a stiff nail-brush, and soak the hands for several minutes in a bichloride solution, 1 to 1000. After delivery, ergot should be administered thrice daily for a week (!). All abrasions must be painted with a gutta-percha collodion and all lacerations closed by sutures. Six or eight hours after labor the vagina should be syringed with an antiseptic solution, and a suppository of cocoa butter containing three grains of iodoform be placed under the os uteri—both to be repeated every eight hours for ten days.

Then, if, despite all precautions, puerperal fever sets in, the doctor calms his patient with a hypodermic injection of morphia, repeating it every six or eight hours so long as the severity of the symptoms demand it. By preference he employs the mercuric bichloride as an antiseptic injection, carrying it into the uterus if needs be. He never trusts this duty to the nurse, but attends to it in person or delegates it to an associate physician. To reduce temperature, Dr. Thomas employs Chamberlain's rubber-tube, coiled over the abdomen and kept full of a running current of ice-water. He gives internally fifteen grains of the sulphate of quinine night and morning. Further, the doctor insists upon the engagement of two nurses and at least one associate medical attendant.

We believe in the antiseptic treatment of puerperal fever, and we think that too much cannot be done to endeavor to avert its terrors; but we disclaim against the use of so dangerous a substance as mercuric bichloride, especially if it is proposed as an intra-uterine injection; and we emphatically object to the ice-water and to massive doses of quinine as preventives of hyperpyrexia. To the homœopathist the course of treatment is plain, and theoretically at least, simple. He disinfects and then parries the effects of disease by internal medicines chosen according to an unerring law. To the allopath, the desideratum is a forced diminution of temperature; to the homœopath, the finding of a drug that shall remove *all* the symptoms of the disease. And such a drug acts efficiently in small, molecular doses, not in massive doses, that often injure rather than benefit.

WHAT ONE CITY CAN DO.—Within a few weeks, there have issued from the press of Pittsburgh, Pa., the magnificent volume of *Transactions of the American Institute of Homœopathy*, and the smaller but no less handsome volume of *Trans-*

actions of the Homœopathic Medical Society of Pennsylvania. Without saying a word about the quality of the papers, etc., contained between their covers, it may be said that the mechanical execution of both these tomes reflects the highest credit upon Pittsburgh bookmakers, and particularly upon Dr. J. C. Burgher, Secretary of the National Institute, and Dr. R. E. Caruthers, Secretary of the State Society, through whose skill and tireless effort these books become so creditable an addition to our homœopathic literature. Pittsburgh can place these finished works beside the completion of her great hospital as something to be proud of, and something for all the friends of progressive medicine to rejoice over.

ADVANCE.—What a soul-stirring battle-cry it is, to be sure, and as potent in its influence upon the followers of Hahnemann as upon the victorious ranks of an army. We do not wonder much that our Northwestern colleagues selected it as the title of a progressive journal.

Speaking of journals reminds us that our own HAHNEMANNIAN MONTHLY is ever influenced and moved onward by this same inspiring word "Advance." It is literally forced to buy at the beginning of each year enough paper (and it takes whole cartloads of it) to print the whole annual edition, and pay for it *in advance*. It has to pay the compositor and pressman *in advance*. It must settle with the bindery *in advance*, and it must pay Uncle Sam his postage *in advance*. No subscriber can get his annual volume until these inexorable claims are met by the business manager, and paid. That is the reason our business manager is made so happy, when he gets his subscriptions promptly at the beginning of the year. And that is why we make the urgent request that *all* our subscribers, who have not yet forwarded their subscriptions, should do so at the earliest possible day. *Advance! ADVANCE!! ADVANCE!!!*

Notes and Comments.

THE AVERAGE CHINESE BABY weighs six pounds.

LISTER the Surgeon and Bowman the Ophthalmologist have been made baronets.

A HEAVY BRAIN.—The brain of Turgenjeff, the Russian poet, who died recently in Paris, is said to have weighed 2012 grammes.

REAL SENSIBLE.—The Medico-Chirurgical Society of Aberdeen, Scotland, has elected Dr. Reith, a well-known homœopathist, to the presidency of the organization for the ensuing year.

TWO MORE OF THEM,—we mean medical colleges—are about being established; one in Cincinnati, and one in Pittsburgh. Both are to be allopathic, for which let us be devoutly thankful!

NOVEL USE FOR PEPSIN.—The latest use of pepsin is to digest blood in the bladder, under circumstances which made other modes of rendering the blood liquid, impracticable.—*Detroit Lancet*.

MASSACHUSETTS is to have a homœopathic asylum for the insane. She gets it because her homœopathic physicians willed it. When Pennsylvania homœopathists adopt the same determined course, we shall have similar justice here in the Keystone State. Until then we are not worthy of it.

BEARING GRANDCHILDREN.—“Why, Mrs. —, how glad I am to see you. You haven’t called on me for a long time; have you been ill?”

“I’ve been having grandchildren lately; I had two in one week, and they weren’t twins either. You certainly couldn’t expect a body to go visiting under such circumstances!”

Hostess accepts apology.

CAUSE OF THE RED SUNSETS.—The Philadelphia allopaths, *i. e.*, the male ones, were recently startled once again from their coma, by a loud rapping at their society doors. Learning that the racket was caused by a few well-educated and successful women physicians, they metaphorically barred the doors, and crawled under the metaphorical benches. And it makes “Old Sol,” blush for his sex.

THAT COSTLY BABY.—Months ago we gave an account of a servant girl who asked the doctor for medicine “to cure the baby’s costliness.” That story crossed and re-crossed the Atlantic ocean, and now turns up in the *N. E. Medical Monthly*, credited to the *Philadelphia Medical and Surgical Reporter*. The conversation actually occurred in the office of the contributing editor of the *HAHNEMANNIAN MONTHLY*. Thus are our precious offspring kidnapped one by one.

THE DURATION OF LIFE in England is on the increase. Men’s lives are prolonged two, and women’s three and one-third years beyond the limit of thirty-five years ago. The change is ascribed to various causes, prominent among which are, the influence of the Public Health Act, the progress of the temperance movement, the diminished virulence of epidemics, climatic changes, etc. The influence of homœopathy, and of other advances in medical science, have doubtless contributed not a little to the result.

THE NEW YORK LICENSE FRAUD.—In our editorial relating to the proposed new license law of the State of New York, we stated that it had its *apparent* origin in the Erie County Society, but that there were reasons for believing that its real source was a very different one. We are now able to state positively that such is the fact, and that the Erie County Society was simply a cat’s-paw, thrust into the fire of public opinion, to learn whether the embers were cool enough to permit of a more thorough and exhaustive search for public and governmental patronage,—for that is just what the object of the bill is,—to make the practitioner a creature of the government, and the government a serf of an allopathic State society. The measure was conceived in sin and begotten in iniquity. It is rotten through and through.

THE DEVIL OF AGUE—TARTAR DOCTORS.—The Tartars believe that there is a certain devil, who possesses men and so induces ague. To rid the victim of the intruder, the attending doctor seats himself before a large cop-

per basin containing millet, and little images of paste. At a signal, an orchestra, provided with bells, tambourines, conch-shells, etc., discourse music. The Lama doctor then exorcises, in vociferous manner, a manikin made of dried herbs, and the members of the family rush out in file and, making a circuit of the tent, strike it violently with stakes, and utter cries. The manikin is set on fire, and amidst the flames, the din of the orchestra, and the howling of the relatives, the demon beats a retreat, and leaves the fortunate patient free from shakes and fever.

The Tartars are not fond of internal medication; they prefer punctures and incisions. A farmer's cow being sick, the surgeon gave her a dose of *ferrum crudum*. Placing a large nail under the cow's belly, he drove it home with a smart blow from a rude hammer. The poor beast ran away, dragging the veterinary Tartar after her—but she got well.

The surgical tools are usually very primitive. Often nothing is used but an ordinary knife, or a little awl worn at the girdle, and serving, likewise, as a means for cleansing the doctor's pipe, mending his saddle, boots, etc.—*Huc's Tartary*. These doctors are, of course, perfectly “regular.”—EDS. H. M.

New Publications.

LECTURES ON CHOLERA AND ITS HOMŒOPATHIC TREATMENT. By L. Salzer, M.D. Calcutta, 1883.

To the critic, the chief point of interest in these lectures, is Dr. Salzer's views on the action of camphor. Following, or at least agreeing with, Johnson, Bell, and a few others, he maintains that the algid symptoms in cholera are due to contraction of the arterioles instead of to collapse. The latter belongs only to the late stages of the disease. Accordingly, he asserts that the camphor coldness, cramps, and prostration, which suggest that remedy in cholera, are not due to depression, but to vaso-motor spasm. And here he takes issue with all homœopathic writers from Hahnemann to the present time. Indeed he goes so far as to declare that the founder of our school of medicine “could not venture to say whether camphor was homœopathic or allopathic to cholera.” He was chiefly guided in its choice by his knowledge of its use as one of the ingredients of a popular cholera mixture!

Whether or not Dr. Salzer is correct in his pathological views, we feel incompetent to decide. But we do not hesitate to dispute the doctor's conclusion concerning Hahnemann. Provings of camphor afforded few if any indications for its employment in cholera; but effects of large doses quoted from Pouteau, Cullen, Ortel and others, and incorporated in the *Materia Medica Pura*, must have given to Hahnemann his clue, and led him to conclude that camphor was the one ingredient in the popular mixture that rendered it so potent. So far from indicating any uncertainty of decision, the choice of camphor is an admirable illustration of the value of Hahnemann's method of drug selection—a method that could lead to the disclosure of the efficient ingredient of a compound prescription. We presume that Hahnemann gave the drug in comparatively large doses because only those doses had caused the symptoms.

Hahnemann may have erred, in attempting to give the *modus operandi* of

camphor, but he did not err in applying the law of like to like. It should never be forgotten that it is one thing to endeavor to interpret symptoms, and quite another to make a homeopathic prescription.

The other remedies considered by Dr. Salzer are well-described, and they, as well as other interesting matters, render the lectures invaluable to the student of homœopathy. F.

TRANSACTIONS OF THE THIRTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, (Fortieth Anniversary), Held at Niagara Falls, N. Y., June 19, 20, 21, 22, 1883. Edited by the General Secretary, J. C. Burgher, M.D., Pittsburgh. Press of Stevenson & Foster, 1883. Octavo. pp. 1177.

This annual visitor, so welcome to the thousand members of the American Institute, comes again to grace our tables and shelves, and to bring us needed instruction, suggestion, and aid in our daily tasks. If its arrival has been a little delayed, we must remember that it is a much larger volume than its predecessors, and necessarily involved a much larger amount of editorial and mechanical labor. In view of this, no one can fail to be satisfied with the somewhat longer time than usual, consumed in its publication.

The papers, reports, and essays included in this volume, are, of course, of the same general and varied character as those contained in previous volumes, and embraces the discussion of subjects pertaining to almost every general and special department of medical, surgical, and sanitary science. Some hundred and sixty pages at the beginning, are devoted to necessary routine business and reports, and at the close of the book, about one hundred and seventy pages are given to a most valuable and interesting report from the Bureau of Organization, Registration, and Statistics, the Constitution and By-Laws of the Institute, list of members, etc., thus leaving about eight hundred and fifty pages, representing the scientific work of the bureaus, and the discussion of these subjects by physicians of thought, experience, and culture. And it costs the members five dollars. It is no wonder that while some members of the Institute die, very, very few of them resign.

The book is handsomely gotten up, is an honor to the Institute, and reflects high credit upon the Secretary, Dr. J. C. Burgher, of Pittsburgh, who edited it. Opposite the title-page there is an excellent portrait of Bushrod W. James, M.D., President of the American Institute of Homœopathy for the year 1883. D.

Gleanings.

RELIEF OF THE PAINS OF CANCER.—The *Drug News* states that Dr. Brandini, of Florence, has recently discovered that Citric acid will assuage the violent pain which is the concomitant of cancer. He applies to the part pledgets of lint, soaked in a solution of four grains of the acid in three hundred and fifty grains of common water, with the result of affording instantaneous relief.—*Phila. Med. Times*.

THE EFFECTS OF ARSENIC, LEAD, AND MERCURY ON THE SPINAL CORD.—Popow has investigated the changes in the cord produced after

poisoning with Arsenic, Lead and Mercury. His experiments were made chiefly upon dogs and the first series with white arsenic. The doses were regulated so that the animals lived from four hours to seven months. The results showed that the alterations first begin in the vessels, but the nerve elements of the gray substance soon participate. In this way an acute central myelitis soon develops, which has been described by Webb under the name of *Poliomyelitis Acuta*. From its slight vascularity the white substance only takes part in the later stages, and then the picture is that of acute diffuse myelitis. All parts of the columns are equally affected, and there seems never to be any localization.

With lead the following was the general summary of the results obtained after poisoning from seven to twenty-six days. The type of the affection was that of general central myelitis, the most marked changes being in the parenchyma. In its further development the white substance was involved, and here the nerve-fibres as well as the connective tissue stroma were implicated. In the peripheral nerves no such appearances were met as have been described by Gombault under the name of "neurite peri-axiale." The author does not deny the possibility of the occurrence of this as a later secondary symptom. He thinks that the nervous symptoms of lead poisoning, that is the cramps, anæsthesia, etc., can be explained by the lesions of the nervous elements in the cord, and cannot be referred in any way to the peripheral nerves, and more so as inflammatory action so quickly causes a destruction of the ganglion cells of all the groups of the gray substance.

In the experiments with mercury, the chloride was the preparation employed, and the animals lived from four to forty-five days. The cord presented the same general characteristics as when arsenic or lead had been employed. At first, the changes were only seen in the gray substances, then in the white columns, while the peripheral columns remained wholly unaffected.—*Boston Med. and Surg. Jour.*

ON EARLY TAPPING IN ASCITES.—Dr. Austin Flint is an advocate of early tapping in the course of ascites. The objections brought against tapping early, and it may be repeatedly, in cases of ascites, are these: 1. It is liable to be followed by alarming prostration and it may even prove fatal in subjects greatly enfeebled; 2. It sometimes proves fatal by inducing peritonitis; 3. The relief procured by tapping is usually but temporary, and dropsy, as a rule, speedily returns; 4. With every return of the dropsy a large quantity of albumen is withdrawn from the blood; the vital forces are thereby impaired, and, although temporary relief may be obtained, the duration of life is shortened. The danger from exhaustion or peritoneal inflammation may be avoided, if, instead of the ordinary method of tapping, aspiration be employed. Now, the remedies ordinarily used for the removal of the accumulation of fluids are sudorifics, diuretics, and hydragogue cathartics. Their uncertainty must be admitted, and when more or less effectual, the object is usually accomplished slowly, not a little depression and perturbation being caused by them. Now, is it not a rational conclusion, inasmuch as by tapping, the removal of the dropsy is effected with certainty within a few hours, that this operation should be preferred? In view of the advantages of tapping, why waste time in the endeavor to effect the object by drugs? Life has sometimes seemed to be prolonged by tapping, and, on the other hand, life has seemed to be shortened by the use of depressing drugs.—*N. Y. Med. Gazette.*

ENOTHERA BIENNIS.—*Enothera* is a useful remedy in asthma or dyspnoea associated with gastric irritability. In spasmodic asthma and whooping cough it fills a place similar to *Lobelia*, without its nauseant effects. It has frequently relieved attacks of spasmodic dyspnoea in an old lady who has been under treatment for several years. In mucous inflammation, such

as catarrhal dyspepsia and irritable bladder, evincing itself by frequent vomiting on the one hand and constant urging to urinate on the other, it will act promptly and curatively. B. C. S., æt. 41, had been troubled with indigestion for some months. This at first consisted simply of sour risings and the belching of sour flatus, and as he had no headache and the bowels moved regularly, he sought no treatment. After a time, however, the gastric trouble increased, and he found himself unable to digest meat or any kind of solid food. There was not much nausea, but the food would lie upon the stomach for two or three hours after eating, and would then be vomited. His urine was dark, scanty and hot, and on voiding it a thrill of pain was felt in the neck of the bladder. He became very much emaciated. He could only take a little beef-juice, beef-tea, or warm milk. The bladder was very irritable and the calls to urinate were frequent and annoying. Enothera 2^z was prescribed and prompt recovery ensued. Chronic diarrhœa recurring every summer, diarrhœa after confinement in a young primipara and exhausting watery diarrhœa after typhoid fever have been cured by this remedy. In the summer diarrhœa of children it often acts very rapidly.—*Dr. George W. Winterburn in the American Homœopath.*

DISTILLED WATER FOR EYE LOTIONS.—According to Dr. Chapman, the introduction of distilled water into the eye is attended with much discomfort and smarting, which may be obviated by the addition of two and a half grains of Chloride of sodium to each ounce of distilled water.—*Practitioner.*

TUBERCULOSIS IN RELATION TO VACCINATION.—Koch's researches teach that the bacilli of tubercle may be transmitted either by the inoculation of the tubercle itself or of the blood of a tuberculous patient. It is impossible, however, to inoculate tuberculosis by the superficial insertion of the bacillus, for if an animal is to be rendered tuberculous, the bacillus must be carried deep into the tissues. This fact explains why there has been no known instance in which tubercle has been transmitted by vaccination.—*Popular Science News.*

AN ALLOPATHIC DISCOVERY!!!—In a communication read before the Medical Society of Rheims (*Union Medicale du Nord-est*), Dr. Mennier reported upon a number of cases of croup treated by Sulphide of calcium in doses of three to four and one-half grains per diem. The remedy was given in granules of one-tenth of a grain each, one or two granules every hour. The author regards the sulphides as of great value in the treatment of diphtheria and croup, while not being strictly speaking antidotal to the specific poison of this disease. Their mode of elimination, in great part by the pulmonary mucous membrane, is a further recommendation for their use. Dr. Mennier's success in the cases recorded was not startling, yet was such as to warrant further trial of the Sulphide of calcium in this disease.—*Medical Record.*

THE CLIMATIC TREATMENT OF CONSUMPTION.—Dr. J. Hilgard Tyndall holds that in the treatment of consumption, both practical results and scientific reasoning are fast pointing to the choice of 1, the greatest dryness obtainable, mostly found at 2, medium or high altitudes. We look for these in a southerly latitude, in order to insure, 3, equality in some degree. To insure coolness in summer and winter, latitudes will have to be changed (southerly in winter, northerly in summer); 4, equability, with warmth or coolness to be made first choice only, in cases where decided irritability of any portion of the respiratory tract or a very recent inflammatory exacerbation are the main features of these case. Sunshine, electricity, and ozone are not directly concerned in climatic influences; firstly, because they are dependent upon three previous constituents; secondly, because we know too

little of the effects of either upon the organism.—*Archives of Medicine*, Dec., 1883.

A CASE OF CONGENITAL GOITRE CURED BY A SINGLE APPLICATION OF MERCURIC BINIODIDE.—Dr. J. C. Worthington reports a case of congenital goitre in which the ointment of the biniodide of mercury (gr. x- $\bar{3}$) effected a cure after but a single application. The patient was but six months of age. The directions for applying the ointment were as follows: At 10 o'clock A.M., on a bright and sunny day, rub well into the skin over the whole tumor, a lump of the ointment the size of a filbert. Then hold the child with the tumor exposed to the sun, at a closed window, as the weather was cool, for half an hour, then for an hour in front of a fire. At 2 P.M. on the same day, repeat the application, and expose to the sun and fire as before. At the end of eleven days after the application, all trace of the goitre had disappeared.—*N. Y. Medical Record*, Dec. 29th, 1883.

THE TECHNIQUE OF MASSAGE.—Dr. Benster summarizes the method of practicing massage followed by the French, as follows:

1. *Effleurage*, gentle friction, consists in making long, gentle, centripetal strokes along the course of the veins and lymphatics with the oiled hand. The pressure is intermittently firm and gentle, so made as to produce a sort of passive peristalsis. 2. *Massage à friction*, the rubbing stroke. This is accomplished by making elliptical strokes perpendicularly to the long axis of the limb with the finger tips of one hand, while the fingers of the other hand pass from above downward, parallel to the axis of the extremity. A subdivision of this class is the *massage par ondulation*, as used by Laisné in lumbago. 3. *Pétrissage*, kneading, is made always in a direction from the periphery towards the centre, and in such a way that the morbid tissues are seized by the hand, raised up and kneaded. This is employed in œdema of the skin, infiltrations into the subcutaneous connective tissues, and on muscles which have lost their pliability through infiltration, inflammation, or contractures. 4. *Tapotement* consists of a tapping or beating of the diseased parts by the finger-tips, the hollow hand, the side of the hand, the fist, the percussion hammer, or a little rubber ball fastened to a piece of whalebone. This is employed chiefly in neuralgia.—*Wien Med. Wochen.*, Oct. 27th, 1883.

TREATMENT OF WENS BY ETHER INJECTIONS.—A communication to the *Bulletine Générale de Thérapeutique*, by Dr. Lemay, recommends parenchymatous injections of pure sulphuric ether in the treatment of wens. A case is reported of a man debilitated and affected with chronic alcohol poisoning, therefore a bad subject for a surgical operation, who was relieved of a wen of five years' growth by ten hypodermic injections of ether practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month without keeping the patient in bed or restricting his movements, as would have been required by the ordinary operation. The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risks of a surgical operation, or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins.—*Phila. Med. Times*, Dec. 29th, 1883.

ON DIGITAL EXPLORATION OF THE BLADDER IN OBSCURE DISEASE.—Sir Henry Thompson lays great stress on the importance of making a correct diagnosis in all cases of disease of the bladder. In certain obscure cases,

he recommends digital exploration of the bladder, the examining finger being introduced into the bladder by means of a limited perineal urethrotomy, without section of the prostatic urethra. If an abnormal growth is discovered, the surgeon should remove it. After the removal, whatever the result may be, a stout india-rubber tube, about five or six inches long and the diameter of the little finger, is secured in the wound to wash out the bladder, and to serve as a channel from the bladder to some vessel placed for the purpose. Up to date, Sir Henry Thompson has explored the bladder in 32 cases, four of which were in the female, finding and operating for tumor in fifteen cases. In the other cases, impacted calculus or other unusual conditions were met with, and the relief in some of them was conspicuous and remarkable. Obstinate chronic cystitis, with large deposit of triple phosphates and associated with frequent catheterism, was greatly relieved in several instances, and is indeed one of the worst forms of disease in which the proceeding may be highly serviceable, if the tube is retained for a week or so, the urethra and bladder being at rest during that period.—*Medical News*, Jan. 5th, 1884.

THE IMPORTANCE OF IMMEDIATE POST-PARTUM EXAMINATION OF THE PERINEUM IN EVERY CASE OF LABOR, AND WHEN LACERATED, ITS TREATMENT BY ONE SUTURE.—On this subject Dr. T. Johnson Alloway gives the following directions:

1. Examine with your eyes, every perineum after removal of the placenta. If lacerated to more than quarter of an inch, apply the suture.
2. Use one of Emmet's long straight perineum needles, with a silk suture. By the aid of a holder, force the needle through the skin on the left side of the tear, half an inch from its edge, at any point between the beginning and end of the tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now with two fingers of the left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly though steadily made to glide beneath this tissue and over the rectum, hugging the latter as closely as possible, to make its exit at a corresponding point on the opposite or right side. In tying the suture, avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts some days.
3. Be sure that the needle in no part of its course makes an exit on the vaginal surface; if so, you will probably have a pus pocket.
4. The operation is very simple, and can be performed by any physician of ordinary experience.
5. The after treatment consists in washing out the vaginal passage night and morning with any antiseptic solution, preferably with a bichloride of mercury solution (1 to 2000). *But the physician must attend to this himself.*
6. The suture had better be allowed to remain in situ for nine or ten days. *The author is strongly in favor of silk; the wire suture is liable to produce a bleeding-point or two on removing it.*
7. The nurse is the only assistant required. This operation may be performed, the author claims, without the knowledge of the patient.—*Amer. Jour. of Obstet.*, Jan., 1884.

DIABETES MELLITUS IN CHILDREN.—Dr. Leonard Weber reports two cases of the above. The first occurred in a child seven years of age, The disease manifested itself a few weeks after acute poisoning with the Bromide of Potassium. Death followed one year later. The second case was that of a girl aged fourteen, who suffered from an attack of scarlet fever. Two months later diabetes mellitus supervened, and ran an acute course. Signs of phthisis developed later on, and the patient died exhausted six months after the attack of scarlatina.—*Amer. Journ. Obstet.*, Jan., 1884.

A POINT IN PROGNOSIS.—Dr. Hadra calls attention to an observation that in exhaustive diseases, such as diarrhoea, typhoid fever, and others, the child, after having for days persistently refused nourishment, suddenly

swallows with avidity whatever is offered. Even quinine will be taken as readily as sugar. Such an occurrence is usually hailed with delight by the bystanders, but in reality it is a very untoward symptom. An explanation of this sudden change may perhaps be found in the cessation of cerebral function, through the want of nutrition or of stimulation. Combined with this behavior is often found the Cheyne-Stokes breathing.—*Am. Journ. of Obstet.*, Jan., 1884.

IMMUNITY OF ANIMALS FROM SYPHILITIC CONTAGION.—Neumann passes in review the attempts made by previous investigators to inoculate animals with syphilis, all of which he shows to have been unsuccessful, and then he gives a detailed account of his own recent experiments having the same object (*Wien Med. Wochenschr.*). These were made with the greatest care, the virus being taken directly from the diseased person, and introduced into the body of the animal. The animals experimented upon were kept under observation for a considerable period of time after the inoculation. In no case were any results obtained other than those local and short-lasting affections which would naturally follow the introduction of any irritating material into the tissues. Nothing that bore any resemblance to chancres was observed. The subjects experimented upon were three apes, three rabbits, a horse, a hare, a white rat, a marten and a cat. The number of inoculations was fifty-four. The author concludes from these investigations that syphilis must henceforth be regarded as a disease of the human species only.—*Journ. Cutan. and Vener. Dis.*, Jan., 1884.

A PLEA AGAINST PROPHYLACTIC INJECTIONS AFTER NORMAL LABOR.—Dr. S. Baruch regards the present campaign against micrococci of possible destructive tendencies within the vagina and uterus after labor as indefensible and somewhat unreasonable. It had been said that the genital tract, after labor, had undergone traumatism, and that it should be treated as an operation-wound, located elsewhere. But what did we do in the latter case? We closed the wound, putting on an antiseptic dressing, then let it alone, and thus obtained good results. In making vaginal injections we violate this rule; we disturb the genital tract twice a day; we do not close up the parts by an antiseptic dressing, as it is impossible to do so. These vaginal injections require skill in their administration. The average woman is unable to obtain skilful nursing. It is difficult to introduce painlessly the syringe-point within a tender vagina without exposing the parts; particles of infecting material may be carried to the frequently torn and spongy cervix; thrombi, which seal open veins, may be displaced; the os being patulous, occasional entrance of the stream of water into the uterus cannot be avoided. Recent adhesion of wounded surfaces may be disturbed. With a view to prevent the mischief which is likely to be done by the indiscriminate washing of the vagina after labor among the younger members of the profession, Dr. Baruch raised a voice of warning. Guided by the justly eminent gentlemen who advocate antiseptic vaginal prophylaxis, every new-fledged obstetrician in coming to town will rush to the rescue of "septicly threatened parturient" women, and scorn every one else who does not pursue the practice as an old fogey.—*N. Y. Med. Journ.*, Jan. 5th, 1884.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF RUTA GRAVEOLENS.—Ruta influences muscular structure generally, as well as osseous tissue and the skin. Experiments seem to show that the impaired vision to which the drug gives rise depends upon some fault with the muscles of the eyeball. In the stomach, it produces a number of symptoms in-

dicating a well-marked degree of congestion of the mucous membrane of that viscus, going so far in some cases as to cause hamatemesis. *Ruta* will also be found of benefit in cases of prolapsus ani, dependent upon exhaustion of the muscular structure of the bowel, as it is often enough in children who are permitted to sit too long at stool, as well as in adults after an attack of dysentery. Dr. Pope then directs the attention of the reader to the action of *Ruta* on the eyeball. The provings of *Rue* record "a weak, pressive-like pain in the right eye, with dimness of surrounding objects, as if one had looked too long and too intensely at an object which fatigued the eye." The eye feels fatigued, as after reading too long; sensation of heat and fire in the eyes, and aching while reading. These symptoms show that it is in the muscles regulating the movements of the eyeball that *Rue* exerts its power. *Ruta* is recommended by Dr. Norton as a remedy in asthenopia. Choroiditis in a myopic eye, caused by straining the eyes, has been cured by it. Its action upon the periosteum and joints is shown by the tensive drawing pains in the various bones of the head, by the pains in the shoulder, elbow, and wrist joints, as if the affected joint had been bruised or dislocated. In the bones about the hips, there is pain as from a blow or fall. He cannot bend his body. The whole anterior surface of the thighs is as if bruised and painful to the touch. The bones of the feet are painful and hot, and this is especially marked in the bones of the toes. All the parts of the body on which the person lies feel bruised and painful. These symptoms have led to the use of *Ruta* in injuries of the joints. According to Dr. Franklin, it is the remedy, especially if the pains are aggravated during rest and relieved by motion. *Ruta* is useful as a lotion in wounds of the joints, after inflammatory action has been subdued; so, also, in synovitis, the result of an injury. Again, the general sense of tenderness induced by *Ruta* in the bones, has led to its use in promoting union in ununited fractures. *Ruta* has long been known as an agent capable of producing intense uterine contractions which result in abortion. It is indicated in cases of threatened miscarriage, where uterine pains come on suddenly without any obvious cause, unless, perchance, a fall or injury of some kind. On the skin, *Ruta* produces an eruption resembling that excited by the *Rhus* plants. The hands swell, become red, itch most acutely, and after some hours vesicles filled with transparent fluid appear, surrounded by a red areola. They are most numerous between the fingers, become confluent, and finally dry up and desquamate. The condition closely resembles eczema palmaris.—*Homœopathic World*.

HABITUAL MISCARRIAGE; ITS CAUSES AND PREVENTION.—In his introductory remarks, Dr. E. Grandin tabulates the causes of habitual miscarriage as follows: 1. Syphilis; 2. Maternal anæmia; 3. Uterine disease and diseases of the uterine appendages; 4. Uterine displacements; 5. Chronic cellulitis and peritonitis; 6. Laceration of the cervix; 7. Intermittent fever; 8. Chorea; 9. Bright's disease; 10. Tumors; 11. Lead poisoning; 12. Reflex conditions. Syphilis acts in producing miscarriage by so altering the mucous membrane lining the uterus as to forbid the growth of a healthy ovum, whence decidual, chorionic and placental diseases. In the second place, it infects the fœtus, leading to changes in its organism incompatible with life. The diseases which may affect the fœtus and its appendages as a result of specific infection are (a), diffused chronic inflammation of the decidua; (b), polypoid decidual inflammation; (c), cystic degeneration of the chorion; (d), fatty degeneration of the placenta; (e), stenosis of the umbilical vessels. Cystic disease of the chorion at times occurs repeatedly in the same woman and leads to miscarriage, whence the view that the disease is dependent on some diathesis, such as syphilis, is plausible. There is strong ground, however, for the belief that often the change in the chorion

is secondary to the death of the fœtus, the principal one being the occurrence of twin pregnancies, in which, whilst one chorion degenerates the other does not. Fatty degeneration of the placenta has been considered by Barnes an outcome of syphilis. According as the degenerative process is of greater or less extent, in so far will fetal nutrition suffer and abortion result. Goodell suggests that this fatty degeneration may possibly be simply the premature occurrence of what is normal at term. Stenosis of the umbilical vessels is a rare, at any rate not often noted, cause of fetal death. The treatment of habitual miscarriage dependent on syphilis is by the administration of mercury, by inunction and in sufficient doses to fall short of salivation. Its dosage must be watched carefully lest the patient becomes enfeebled. It is also well to administer chlorate of potash, which by its decomposition increases the oxygen in the mother's blood, and hence affects favorably the fetal nutrition. Local applications to the endometrium may also be made between conceptions. *Maternal anæmia*, a priori, would appear to be a factor in the production of miscarriage. The chlorotic woman is always poor in blood; let the hydræmic condition of pregnancy be superadded and the fœtus stands small chance of life. A disposition to abort is also noted in corpulent women. Lusk explains this on the supposition that the blood is insufficient in quantity and quality to supply the wants of the fœtus. *Endometritis* furnishes a morbid soil for the ovum. Each successive miscarriage only makes matters worse, for an abortion to the lay mind is a simple affair. The average woman goes about her daily tasks as though an abnormal process was not occurring. The result is subinvolution and later hyperplasia. As for disease of the uterine appendages, if it be bilateral, sterility will result; if one-sided, however, such is the intimate connection between the mucous lining of the uterus and tube, that granting the advent of a healthy ovum to the uterus, it may find the endometrium inflamed. Anterior displacements of the uterus rarely produce miscarriage. Of the retro-displacements, version, if of the third degree, will almost always be accompanied by sterility. If of a lesser degree, the woman may conceive, and then the impregnated uterus will either rise or become a retroflexion. If the flexion be of recent date, on conception ensuing, the course of gestation may go on smoothly till the third month, at which period, the uterus can no longer expand in the true pelvis, and must rise above the brim for further development. This from its retroflexed state, it may not be able to do. Its futile endeavors become a source of irritation, hence it contracts on the ovum and expels it. When the flexion is of long standing, the uterus becomes congested; this congestion soon passes into a hyperplasia, and this latter will, in case of conception, be productive of abortion. *Chronic cellulitis and peritonitis*, by reason of the adhesions which they produce and which bind down the uterus, are causes of abortion. The data as regards the influence of *lacerations of the cervix* as a factor in the production of abortion, are not very exact. The usual result of this lesion is sterility. It is impossible to do more than infer that laceration of the cervix may be a cause. When the gravid state supervenes on an already existing *Bright's disease* the prognosis as regards the continuation of the pregnancy becomes grave. Fœtal nutrition suffers and the death of the fœtus must soon lead to its expulsion. Tumors may act in two ways, either proving sources of irritation to the uterus, or else by preventing its proper development. Of fibroid tumors the sub-mucous and interstitial are most apt to cause abortion. *Lead poisoning*, by reason of the pernicious anæmia which accompanies it, is very apt to be productive of abortion.—*Am. Journ. of Obs., Dec., 1883.*


TREATMENT OF EPITHELIAL TUMORS BY ARSENICAL PASTE.—M. Gales (*Thèse de Paris*, 1883), recommends the method employed by Laboulbène. The paste is made as follows:

R. Arsenious acid, 1 part; sulphate of mercury, 3 parts; calcined sponge, 6 parts; add water sufficient to make a soft paste.

After a little ammonia is applied to the surface of the tumor, a small quantity of paste is applied; the quantity to be applied varies according to the dimensions of the tumor. The paste is applied by means of a piece of tinder, and secured. There is generally some pain, but not sufficient to cause serious inconvenience until the second day. After a time, varying from four to six days, the tumor becomes detached and falls off, leaving a wound which soon begins to cicatrize. The chief advantage in this paste lies in its elective properties, pursuing the ramifications of an epithelioma in a remarkable manner.—*Medical News*, Dec. 22d, 1883.

NOURISHMENT OF SYPHILITIC INFANTS.—Experimental investigations by Thulic regarding this subject seem to show that syphilitic infants thrive better under a diet of asses' milk than any other.—*Archiv. Pediat.*, Jan., 1884.

News, Etc.

 News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.

HIGH BIRTH-RATE IN MEDICAL JOURNALISM.—Thirty-five new journals appeared during 1883.

THE NEW YORK OPHTHALMIC HOSPITAL reports, for the month of December, 1883: prescriptions, 3244; new patients, 656; patients resident in the hospital, 23; average daily attendance, 125; largest attendance, 230.

WANTED—Copies of the HAHNEMANNIAN for January and July, 1880, and July, 1881, are needed to complete sets. Physicians possessing them, and willing to dispose of them, will please communicate with our business manager.

NEW YORK STATE SOCIETY.—The thirty-third annual meeting of the Homœopathic Medical Society of the State of New York will be held in the Common Council Room, City Hall, Albany, N. Y., on Tuesday and Wednesday, February 12th and 13th, 1884. The session will open on Tuesday, at 10 A.M. The annual address will be delivered by the President, Dr. Everett Hasbrouck, of Brooklyn, on Tuesday, at 8 P.M.

A. P. HOLLETT, *Secretary*.

JOURNAL NEWS.—The *Archives of Pediatrics* is the title of a new medical monthly devoted exclusively to the study of diseases of children. Dr. William P. Watson, of Jersey City, is the editor.

The "Analectic," a new monthly periscopic summary of the progress of medical science, edited by Walter S. Wells, M.D., began publication in January, 1884. G. P. Putnam's Sons are the publishers.

The *California Homœopath* has dropped the newspaper form, and instead has assumed that of a thirty-four page octavo magazine. The January number maintains the standard of its predecessors.

ALLEN ON INTERMITTENT FEVER.—We have just received a few advance sheets of Dr. H. C. Allen's forthcoming second edition of his work on the *Therapeutics of Intermittent Fever*.

The book will be a much more imposing volume than the first edition; and, judging from the pages we have examined, it will contain an invaluable store of symptoms, clinical and pathogenetic, conveniently arranged, and carefully compared.

We trust that clinical and repertorial indexes will be appended. Their omission in the first edition detracted from its practical value.

PROFESSOR DOWLING'S LIBRARY LECTURE.—The second of the course of lectures before the Philadelphia Homeopathic Library Association was delivered, on the evening of December 20th, by Professor J. W. Dowling, M.D., of New York. Subject "The Physical Signs of Disease." The doctor gave the causes and the mode of production of the various signs of disease discoverable by inspection, palpation, mensuration, percussion, and auscultation, dwelling more particularly upon the signs connected with chest disorders. Of course, the lecture necessarily embraced much that was not new, but the whole subject was so lucidly and forcibly presented, and so aptly illustrated by facts drawn from the speaker's personal experience and observation, as to be intensely interesting to the entire body of physicians in attendance. Dr. Dowling occupied the time from 8.45 to 11.15 P.M., a period of two and a half hours, and held the undivided attention of the audience till the close.

THE PENNSYLVANIA STATE SOCIETY.—On Tuesday evening, January 1st, Dr. W. R. Childs was invited to the office of Dr. J. H. McClelland, of 319 Penn Avenue, Pittsburgh, where he met, in addition to Dr. McClelland, Drs. J. F. Cooper, J. C. Burgher, and L. H. Willard, all the four being ex-presidents of the Homeopathic Medical Society of Pennsylvania. Dr. Jno. B. McClelland was also present. Dr. J. H. McClelland made a brief speech to Dr. Childs, the newly elected president of the Society, congratulating him upon his unanimous election, and presented him with the gavel, which had been duly forwarded from Philadelphia to its new custodian. The recipient was somewhat astonished, but recovered in time to make a fitting and modest response.

It is not too soon to begin the preparation of papers for the next session, which will occur at Pittsburgh, next September. It ought to be, and easily can be made the best meeting yet held.

ANNUAL MEETING OF THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL.—In their annual report, the trustees of this institution express the hope that within a few months there may be ready for use a much-needed addition to the surgical wing of the hospital. The original \$5000 appropriated for a building fund has been increased to \$61,153.56, of which sum \$50,000 is the gift of a donor who declines to make his name public. To fully carry out the contemplated improvements the building fund should be raised to \$76,000. Ground was broken for the addition in July last, and the work is proceeding rapidly. The remaining \$15,000 necessary to complete the work will undoubtedly be soon subscribed. The current expenses of the hospital for the past year were \$11,718.42—\$400 less than the previous year. The income of the hospital has been \$9629.29, leaving a deficiency of \$2089.13. The number of patients treated during the year was 277, of whom 10 died. During the seven years the hospital has been established, 1399 cases have been treated, with a death-rate of only five per cent.

PERSONAL.—Dr. William T. Maguire has opened an office at 1408 Arch Street, Philadelphia. His practice will be devoted to venereal diseases and general surgery exclusively.

Dr. J. Herbert Reading has removed his office to the house recently remodelled by Dr. B. W. James, on the southeast corner of Eighteenth and Mount Vernon Streets, Philadelphia.

Dr. Hugh Pitcairn, of Harrisburg, has gone to Europe for an intended course of study in the hospitals.

Dr. E. Everett Davis, formerly resident of the Pennsylvania Homœopathic Hospital for Children (West Philadelphia), has taken charge of Dr. Pitcairn's practice during the absence of the latter gentleman in Europe.

Dr. E. M. Gramm, of Philadelphia, has removed to 934 North Sixth Street.

Dr. Samuel Eden's present address is 91 Tompkins Avenue, Brooklyn, New York.

Dr. M. A. Wesner, formerly of Loretto, Pa., has removed to Houtzdale, Clearfield County, Pa.

Dr. J. A. H. Helfrich has removed to Fogelsville, Lehigh County, Pa.

Dr. J. B. Robinson, of Natick, Mass., has succeeded to the practice of Dr. J. R. Boynton, of East Boston.

Dr. Wm. B. Van Lennep, who has been abroad for the past eighteen months, studying genito-urinary surgery, has returned to Philadelphia.

JUDICIAL DECISION RESPECTING PHYSICIANS' VISITING LISTS.—Judge Ashman, of the Philadelphia Orphans' Court, recently decided against the validity of a physician's visiting list as a book of "original entry." In speaking of the case before him, he said: His diary, or visiting list, as a physician, contained on each page a list of names of patients, with tally marks opposite, in columns which were headed separately with the days of the week, the name of the month appearing at the top of the page and the date of the year on the cover. One column at the end of the space for each week was headed "amount." Preceding these lists as a sort of preface to the book, was a "Table of Signs." This table embodied a series of hieroglyphics and figures, which were intended to denote visits made and to be made, and visits repeated or to be repeated; consultations proposed or made; services at the office; visits at night; medicines furnished, etc. It is quite clear that entries patterned after this fashion could serve, at best, only as memoranda from which to make more formal charges. As original entries, even if decipherable, they were incomplete, because their form admitted only of a weekly charge in money, and in point of fact no charge at all appeared to have been made. Allowing the utmost latitude to the plea of convenience and necessity, the law cannot tolerate as self-proving an entry of services which can be translated only by means of a glossary. Such a writing would be as unintelligible to an ordinary jury as a Hebrew Bible to a deputy sheriff. The auditing judge, therefore, properly threw it out of the case.

HOMŒOPATHIC MEDICAL DISPENSARY OF BOSTON.—This dispensary was chartered in 1856, and opened to the public in 1857. Since that time it has treated 106,972 patients, and provided gratuitously 272,665 prescriptions. Its funds, which amounted to about \$13,000, raised by a fair in 1859, have been managed with the greatest economy, and the income has been barely sufficient to pay the necessary expenses, though the large amount of labor contributed by its physicians has been wholly gratuitous. It has three locations,—one in Charity Building, Chardon Street, one at 14 Burroughs Place, and the largest and most important in the College Building, East Concord Street. These apartments are all basements, partly underground, and it would seem that if the physicians are willing to devote of their time

enough to care for 13,000 patients in a year, the public should contribute enough to provide more comfortable quarters for these patients. What is wanted is a suitable building in which the different departments could be properly accommodated, and there can be but little doubt that if an earnest appeal were made, a sufficient sum could be raised to provide such a building. The Superintendent, Dr. H. C. Clapp, reported that during the past year the Dispensary had taken care of 13,001 patients, who have received 33,485 prescriptions. Of these, 2134 have been treated at their homes, and have received 7109 visits. The Treasurer, Dr. J. W. Clapp, reported that there was in the treasury January 1st, 1883, \$50.75; received during the year, \$1376.12; total 1246.87; expenses during the year, \$1282.29; leaving a balance in the treasury of 144.58. The following were the elected officers for the ensuing year: Hon. Otis Clapp, President; Chester Guild, Esq., Vice-President; I. T. Talbot, M.D., Secretary; J. W. Clapp, M.D., Treasurer; Hon. Jacob Sleeper, Edward P. Brown, Esq., George H. Leonard, Isaac B. Mills, Frank W. Stearns, H. C. Angell, M.D., A. Boothby, M.D., H. C. Clapp, M.D., Trustees.

A STATE HOMŒOPATHIC ASYLUM FOR THE INSANE will doubtless be established soon in Massachusetts. The subject has been before a joint special committee of the legislature, and a favorable recommendation has been determined upon, and it is thought that no serious opposition will be offered to it, even by the allopathic physicians of the State. The new Governor of Massachusetts is, as we are informed, not unfriendly to the measure. The *Boston Daily Advertiser* speaking in regard to the matter, says:

"The establishment of a new asylum at Westboro is intended to better accommodate the growing insane population of the State, and to utilize the great building, a large part of which is now vacant. It has been thought by some that it would lead to difficulty to have an insane hospital and a reform school for boys within the same inclosure, but measures will probably be suggested for keeping the two institutions entirely separate. The inmates of the Bridgewater workhouse have been kept in a part of the great building at Westboro since the fire at Bridgewater, and by the erection of a wooden division fence in the interior yard they have been kept entirely apart, and their contiguity has given none of the trouble which it was feared it might. The grounds at Westboro are large enough for two institutions, and by a little readjustment of the buildings it is believed that the two institutions can be maintained there very successfully. The State owns about 275 acres of land, and the situation is probably one of the most healthful and beautiful in the country. The new insane hospital is placed in the hands of the homœopaths, to be run upon the same financial basis as the other state hospitals, in deference to the repeated petitions of the homœopathic physicians and laymen. It has been urged that there is now no homœopathic asylum in the State, and that that school of medicine represents at least one-fourth of the population, and more than that proportion of the wealth of the people. The allopathic physicians made no opposition in the hearings before the committee to the establishment of a homœopathic hospital, and probably will make no serious opposition when the matter comes before the legislature. The hospital is not established because the homœopaths demand it, but as a new one had to be established in any event, it was thought proper to place it under their management."

THE ANNUAL MEETING OF THE HOMŒOPATHIC LIBRARY ASSOCIATION OF PHILADELPHIA took place January 16th. Vice-President Dr. J. C. Guernsey in the Chair.

After the reading the minutes of the last annual meeting the reports of the various officers were presented.

The following is the Treasurer's report:

January 8th.	To balance in hand at last annual meeting,	\$247.28
"	To contributions,	206.27
"	To dues from members, paid annually,	223.00
"	To dues from life memberships,	50.00
"	To dues from patrons,	35.00
"	To receipts from fines, sales of keys, etc.,	6.15
		<hr/>
		\$767.70

January 8th.	By rent, lighting, and cost of room for 1883,	\$369.15
"	By carpenter work for cases, carting books, etc.,	77.53
"	By postage and printing,	64.96
"	By subscriptions for journals,	32.30
"	By insurance,	12.00
"	By cost of entertainments,	33.79
"	By collection commissions,	3.80
"	By amount paid on account McClatchey library,	150.00
"	By interest on fund for McClatchey li- brary,	12.00
"	Balance in hands of Treasurer,	12.17
		<hr/>
		\$767.70

From the Librarian's report, it appeared that the number of works (bound volumes) had increased from 516, reported at the last annual meeting, to 2306; and the journals on file, from 36 to 45.

The Clerk's report drew attention to the series of lectures that are being delivered under the auspices of the association, and the necessity for a livelier interest in the library, on the part of the profession, if it is to continue to exist and prosper.

The Secretary made a statement that the minutes of a special meeting held to decide upon raising the dues from \$2 to \$3, had been lost by the member who acted as Secretary *pro tem.* on that occasion.

On motion of Dr. Mohr, the Secretary was instructed to enter on his books a minute to the effect that at that meeting the annual dues were raised to \$5, with the proviso that the library should be made a circulating library, subject to such restrictions as should be prescribed by the Board of Directors.

By a subsequent resolution the meeting sanctioned the action of the Board in the past year, whereby it had divided the membership into two classes, the one paying \$3 for the use of the reading room, and the other paying \$5 for the privilege of taking works home. [32 members had paid \$5, and 21 had paid \$3.]

It was the understanding that the dues for the present year should remain at five dollars unless serious objection should be raised.

The other two amendments proposed at the last annual meeting were then also passed. By the one, honorary members, either physicians or laymen, can be elected, with the same privileges as those at present enjoyed by the patrons; and by the other, the Board of Directors is allowed to fill all vacancies occurring in their Board.

The election of officers resulted as follows:

President, Dr. A. R. Thomas, *Vice-President*, Dr. J. C. Guernsey.

Treasurer, Dr. M. S. Williamson, *Secretary*, Dr. W. H. Bigler,

Librarian, Dr. O. S. Haines,

Directors to serve for two years, Drs. C. M. Thomas and Mary Bronson.

To fill the vacancy created by the resignation of Dr. Bartlett, Dr. Lora C. Jackson; and that caused by Dr. Williamson's election as treasurer, Dr. Danl. Karsner.

After a vote of thanks had been passed, to the retiring officers, Drs. Betts and Bartlett, and to the Board of Directors, the meeting adjourned.

MARRIED—KURTZ—PLATT.—November 20th, 1883, by Rev. J. W. Kurtz, C. G. Kurtz, M.D., and Miss Anna G. Platt, both of Philadelphia.

EASTMAN—WELLES.—Dr. Arthur M. Eastman, of St. Paul, Minn., and Miss Harriet L. Welles were married January 3d, 1884, at the residence of the bride's father, Hon. H. T. Welles, of Minneapolis. After an extended tour in the South, Dr. and Mrs. Eastman will be at home, at 186 Summit Avenue, St. Paul.

DECEASED—DUDMAN.—Dr. W. K. Dudman, of Yarmouth, Nova Scotia, died recently of hæmorrhage of the lungs.

AMTHOR.—Dr. Robert Amthor, of Baltimore, Md., departed this life recently. He graduated from Hahnemann College (Philadelphia) in the class of 1881.

LEECH.—On January 4th, 1884, Dr. W. C. Leech, of Marion, Ohio. Dr. Leech was at one time a leading homœopathic physician of Cincinnati, O.

OBITUARY.

LUCIEN H. NORTON, M.D., died at his residence, 123 Fairfield Avenue, Bridgeport, Conn., January 2d, after a protracted illness, which terminated in a "hæmorrhage of the brain." By his death is removed the pioneer of homœopathy in Fairfield County, he having located in Bridgeport in the spring of 1847. In fact he was the fourth homœopathic physician in Connecticut, and, at the time of his death, antedated all the homœopathic practitioners in the State, with perhaps one exception, Dr. O. Sites, who commenced practice in New London about the same time.

Dr. Norton was born in New Marlboro, Mass., and graduated at the Berkshire Medical College, at Pittsfield, Mass., 1846. During his student life the principles of homœopathy received a careful investigation at his hands, and on his graduation he became a student of Dr. Cook, then prominent in homœopathic practice in New York City. While pursuing his studies he opened an office in Paterson, N. J. On completing his preparations for the practice of homœopathy, he located in Bridgeport, Conn., in 1847, being the only homœopathist in Western Connecticut. He labored faithfully, battling his way alone in this city for twelve years, and built up a large and lucrative practice. He continued in active business until a short time before his death, when he associated with him in practice Dr. C. S. Hoag.

Dr. Norton was at the time of his death a senior member of the American Institute of Homœopathy, having been admitted to membership in 1848; he was also one of the charter members of the Connecticut Homœopathic Medical Society. In 1860 he was married to the daughter of Rev. P. T. Holley, and leaves a wife and two sons to mourn his loss. He was one of the most conscientious of men, true and reliable under all circumstances, and leaves behind him a record of a well-spent life, of noble deeds of honest purpose, and an unstained character.

[NOTE.—The above tribute is offered by Dr. Hoag, partner of the deceased.—EDS.]

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T H E

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Original Department.

ON THE IDENTITY OF LARYNGEAL DIPHTHERIA AND MEMBRANOUS CROUP.

BY GEORGE ALLEN, M.D., WATERTVILLE, N. Y.

(Read before the Oneida County Homoeopathic Medical Society, January 15th, 1884.)

PROFESSOR BARTHOLOW,* writing of croup, says: "The preponderance of authority is in favor of that view, that the so-called membranous croup is only laryngeal diphtheria." Yet Bartholow himself maintains a different view, holding that the two are essentially distinct diseases.

French physicians, who were early made familiar with diphtheria through the labors of Brettonneau, have long considered the two diseases to be identical.

Within a few years many English physicians, headed by Mackenzie and Sir William Jenner, have adopted the view *of the identity of the two affections*.

In Germany, Niemeyer† and Henoch‡ advocate the theory of duality; while in this country Da Costa, Loomis, and Bartholow, and other prominent diagnosticians, declare that the diseases are different, and that the differences are susceptible of recognition.

The medical world may therefore be said to be divided upon the question, and it is the purpose of this paper to canvass the ground upon which the advocates of either view base their belief. In doing this the writer waives all claim to originality, being only concerned that each side of the question shall have

* Practice of Medicine, p. 457.

† Text-Book of the Practice of Medicine, pp. 16, 451, vol. 1; p. 614, vol. 2.

‡ Lectures on Diseases of Children, p. 140.

a proper presentation at the hands of its most zealous advocates.

Those who maintain that laryngeal diphtheria and membranous croup are separate and distinct diseases, declare that the differences affirmed are both *clinical* and *pathological*.

The alleged clinical differences are given in a concise and yet very complete form by F. de Havilland Hall,* in the form of a table for differential diagnosis. Having given this table in full, it will afterwards be discussed *seriatim*.

MEMBRANOUS CROUP.

1. Is a local complaint. Rarely occurs after puberty.

2. Is not contagious. Typesthenic.

3. Commences with a cough, catarrh, and hoarseness; little or no sore throat and difficulty of swallowing; cough shrill; metallic breathing, stridulous from the outset.

4. The membranous affection begins in the larynx and extends to the throat.

5. Fauces injected, but rarely swollen, and generally without exudation.

6. Exudation never cutaneous.

7. No swelling of submaxillary glands.

8. Epistaxis and albuminuria absent.

9. Little or no prostration.

10. Improves under emetics, local counter-irritants, expectorants, and depressants.

11. Never followed by paralysis.

12. Rarely fatal. Death from apnoea. Blood not changed. Spleen not affected.

DIPHTHERIA.

1. Is a general disease common to all ages.

2. Is decidedly contagious. Type asthenic.

3. Commences with chill, sore throat, difficulty in swallowing; but neither hoarseness nor cough at the outset. Stridulous breathing a late symptom.

4. The membranous affection begins in the throat and extends to the larynx.

5. Fauces injected, swollen, and presenting exudation.

6. Exudation often cutaneous.

7. Submaxillary glands swollen.

8. Epistaxis and albuminuria frequent.

9. Considerable, often extreme prostration.

10. Demands stimulating and sustaining treatment.

11. Subsequent paralysis not infrequent.

12. Frequently fatal. Death usually by asthenia. Blood after death usually fluid and dirty-brown. Spleen enlarged and softened.

—From Hall's *Differential Diagnosis*, p. 111.

This table probably presents all the clinical differences that could well be insisted on by the most zealous advocates of the theory of duality. Taking the alleged clinical differences of this order, it is claimed by the opponents of the theory in duality:

1. That in a certain proportion of cases, which Mackenzie† places at 10 to 12 per cent., diphtheria occurs primarily in

* *Differential Diagnosis*, p. 111.

† Pharynx, Larynx, and Trachea, p. 128.

the larynx. This is the so-called membranous croup, and it is generally a local disease on account of the scanty distribution of lymphatics to the larynx, which reduces the liability of general septic infection to the minimum. However, when the primary septic poisoning is powerful, as often happens, the constitutional symptoms are as marked in the so-called membranous croup as in diphtheria. In regard to age, I doubt if much value can be attached to it as a point of distinction, for the reason that membranous deposits in the larynx of an adult rarely cause serious complications on account of the greater size of the part, whence it happens that so-called croup, though present in the adult, does not display the features which distinguish it in childhood.

2. Contagion is claimed to be distinctive of diphtheria, but not of croup. On this point Niemeyer,* himself an advocate of the theory of duality, says: "Not unfrequently we observe its [croup's] epidemic appearance. In some epidemics facts have been observed which make it probable that the disease may spread by contagion." There was recently reported to the Board of Health of Waterville, N. Y., a death from membranous croup. The attending physician described the case to me as a typical one of so-called membranous croup; there was said to have been no exudation in the fauces or pharynx, no submaxillary swelling, no fetor of breath, nor any of the usual symptoms of diphtheria, yet within a week two other children in the same house were attacked with malignant diphtheria, in one of whom the disease assumed a laryngeal form followed by death. There were no other cases in the village at the time, and these cases were thought to be due to local accumulations of filth.

Regarding the sthenic or asthenic character of cases as declaring in favor of distinct diseases, this can have no weight. Really sthenic cases of croup are rare, while diphtheria is by no means always adynamic in type. I have seen a case of undoubted laryngeal diphtheria in which suffocation ensued rapidly, the patient having previously shown no signs of physical prostration.

3. Regarding the sequence of symptoms as a means of distinction, this, too, can be of no value. For, in the 10 or 12 per cent. of cases in which diphtheria begins in the larynx, the sequence of symptoms would be identical with that of so-called croup.

4. Da Costa† lays much stress upon the seat of origin of the

* Op. cit., vol. 1, p. 16.

† Medical Diagnosis, 1876, p. 399.

exudation as a means of differential diagnosis ; but, as opposed to his view, Niemeyer* affirms that "the membranous deposit should be looked for in the pharynx, and its discovery there is to be regarded by the physician as diagnostic (with other signs) of incipient membranous croup." Bartholow† seems to affirm the same: while Mackenzie‡ writes: "Croup is a disease which commonly commences in the pharynx, while in only 10 or 12 per cent. of cases does it originate in the larynx."

5. Under this head Hall affirms that swelling and exudation of the fauces are diagnostic of diphtheria, while croup does not present these symptoms. Diphtheria when confined to the larynx would not produce swelling of the fauces, nor of the superficial glands, for the reason that in the larynx the lymphatic nerves are few in number, and have connection with the deep cervical glands and not with those lying superficially in the neck and submaxillary region. (*Vide* Gray's Anatomy, article "Larynx.")

6. The croupous exudation, it is said, is never cutaneous, while the diphtheritic is often so. Now, to affirm this positively one must have endeavored to propagate the croupous exudation upon the skin under favorable circumstances. This we believe has not been done. Another difficulty is found in the fact that microscopists are unable to indicate any definite distinguishing characteristics between so-called croupous and diphtheritic membranes. So that when a cutaneous exudate appears we have perhaps as much right to call it croupous as diphtheritic. Certainly the non-appearance of a cutaneous exudation proves nothing as to a given case being diphtheria or croup.

7. The presence of submaxillary swelling, in diphtheria, of the pharynx and fauces is to be expected on account of the septic material absorbed by the lymphatics of these parts, and conveyed therefrom directly to these glands ; while, as we have seen, the laryngeal lymphatics having connection only with the deep cervical glands, diphtheria confined to the larynx would produce no such swelling.

8. Epistaxis is rarely present except in nasal diphtheria, whereas albuminuria is not infrequently present in so-called croup. Hall's eighth point of difference is therefore of no value.

9. The presence or absence of prostration cannot be con-

* Op. cit., vol. 1, p. 16.

† Op. cit., p. 457.

‡ Op. cit., p. 128.

sidered diagnostic, as we have already seen in discussing the second differential point given by Hall.

10. The differences in treatment demanded by the two diseases can hardly be considered as settling any question of diagnosis, for eminent authorities advocate the most opposite methods in both diseases.

11. Paralysis follows some cases of diphtheria, but not all. Its absence, therefore, following any case would not prove it not to have been croup. Most cases of laryngeal diphtheria, or croup if you will, die,* which still further accounts for the absence of paralysis in these doubtful cases.

Thus much for the supposed clinical differences between membranous croup, so called, and laryngeal diphtheria. The advocates of the theory of duality also base their belief on certain alleged pathological differences.

Now the similarity in appearance between the croupous and diphtheritic membrane is so great that no one pretends to be able to distinguish them by the naked eye, nor do microscopists succeed much better. Dr. E. Wagner† says that his preparations of croupous and diphtheritic membrane are very much alike. Formerly it was claimed that the croupous membrane was deposited *upon*, while the diphtheritic deposit was poured *into* the substance of the mucous membrane. This view has now been abandoned, and the ground now taken is that death (necrosis) of the subjacent tissues is the distinguishing characteristic of diphtheritic deposits. Thus, Niemeyer‡ says: "The grayish-white pseudo-membrane (of diphtheria) is not easily removed, and leaves an ulcerated loss of substance when it finally breaks down into a discolored fetid mass and falls off." And again: "The diphtheritic pseudo-membranes result from superficial gangrene of the mucous membrane, which again depends on compression of its nutrient vessels by interstitial fibrinous deposit."

On this distinction Mackenzie§ says: "Practically this distinction was no more practical than the other, for cases were found which chemically answered to croup, but in which there was distinct death of tissue; the difference in degree of adhesion of the croupous and diphtheritic exudation is *due to the difference in structure of the parts on which they are thrown out*. The false membrane is naturally more closely adherent in the pharynx where the epithelial layers are not marked off

* Mackenzie, op. cit., p. 128 *seq.*

† Quoted by Mackenzie, op. cit., p. 128 *seq.*

‡ Op. cit., p. 615.

§ Op. cit., p. 128.

from the subjacent tissues by any definite homogeneous basement membrane; on the other hand, in the larynx and trachea, the presence of the basement membrane favors the separation of the lymph."

This anatomical fact will explain an apparent error into which Niemeyer has fallen. He* says: "If the larynx and trachea participate in the disease, the croupous, not the diphtheritic, form of inflammation occurs; that is, the surface of the mucous membrane is covered with a more or less consistent false membrane, which may readily be removed, and leave no loss of substance after its removal." In this statement he makes admissions which do away entirely with the pathological differences on which he elsewhere insists.

I have thus reviewed the arguments which sustain the view that membranous croup and laryngeal diphtheria are separate and pathologically distinct diseases, as well as the reasons which tend to prove their identity.

After carefully considering the matter and weighing the evidence, I think that the statement of Bartholow,† quoted at the beginning, may be altered so as to read: "The preponderance of authority, *and of evidence as well*, is in favor of that view that the so-called membranous croup is only laryngeal diphtheria."

MEMBRANOUS CROUP AND DIPHTHERIA—SUCCESSFUL TREATMENT.

BY L. A. FALLIGANT, M.D., SAVANNAH, GEORGIA.

IN a disease so fatal as membranous croup, my professional brethren will pardon my reluctance in writing anything thereon until a succession of cases treated with successful results should confirm my judgment as to the proper adaptation of remedies. This success having been gained in several successive cases, I may now not improperly ask of fellow practitioners a fair trial of similar means, in the hope that such means similarly employed may give them equally satisfactory results.

Several years ago one of my nieces was taken with what I designated as membranous croup. I succeeded in relieving her. Not long afterwards another case with more marked symptoms yielded to the same treatment. I mentioned the facts to a brother practitioner, who made sport of my declarations, and told me that *if the case had died* he would have

* Op. cit., vol. ii., p. 615.

† Op. cit., p. 457.

believed that it was membranous croup. A few months thereafter, I was called to a third case in which the disease had progressed four days, and death seemed inevitable. The peculiar croupal inspiration was well-marked; the child tossed about the bed gasping for breath; the countenance expressed great anxiety, and the skin was assuming the livid hue resulting from want of proper aeration of the blood. It happened that my friend, the Rev. Dr. Bowman, the pastor of the Lutheran Church, was visiting the poor little sufferer at the same time, and, as we drove off together, he said to me,

"Doctor, I suppose I will have a funeral to look after in a day or two!"

I replied that "a year ago I would have said *yes*, but to-day I don't know whether there will be a funeral or not."

In four more days I again met my reverend friend, who had been waiting for the call for a funeral service, and whose curiosity brought him to the bedside to learn how it was that the child was not dead! She was sitting up in her bed, breathing easily, and playing with her toys. I said to him,

"Dr. Bowman, what do you think of that funeral now?"

He replied that it seemed to him like a miracle! that in his ministerial visitations he had seen many cases of membranous croup, but this was the first one he had ever seen recover.

The treatment used in these cases was Hepar sulph., 1^x, Spongia θ , 5 drops, and Kali bichrom. *crude*, 1 grain in a tumbler of water,—these three solutions being given alternately every half-hour, day and night incessantly. In addition I employed the steam atomizer, putting in the supply-cup some lime-water, into which I dropped 20 to 30 drops of Turpentine dissolved in Sulphuric ether, which, being prepared with 1 part of Turpentine to 6 or 7 parts of Ether, was equivalent to using about 4 or 5 drops of Turpentine at a time. The atomizer was used from five to ten minutes every hour to every two hours, day and night, until the case was relieved.

During the past season I was called to a young lad about 12 years of age, who had been taken with croup on Friday, getting worse on Saturday, and still worse on Sunday, by which time the mother became greatly alarmed, and sent for me during the evening. I immediately made a diagnosis of membranous croup, and commenced the treatment with the remedies already mentioned, and with the atomizer, in this case, however, dissolving the turpentine with alcohol, and putting about half a teaspoonful in the supply-cup, and then filling the cup with water. This method of preparation gives

the fluid a milky hue. It takes about the same quantity of alcohol as of ether to dissolve the turpentine (the latter being an oil), and the alcohol does not produce the disagreeable, stupefying, and nauseating effects incident to the use of the ether. On the 9th day the membrane began softening; on the 11th day, a secondary fever set in, which I attributed to suppurative process in the sub-membranous spaces, and on the 15th day the great mass of membranous matter filling the tracheal walls was loosened and came up into his mouth. The boy said that it almost choked him, and he had to swallow it while he was struggling to catch his breath. By the 18th day, he was perfectly well, and was discharged.

Some years before, under different treatment with the atomizer, I was enabled to prolong a dear little girl's life until the 12th day of the disease, and on the 11th day exactly such a fever set in as occurred with the boy above referred to.

In the boy's case, masses of the membranous matter were coughed up again and again, especially from midnight towards morning, between the 9th and 15th days, and we had numerous opportunities to satisfy ourselves of its character. His loud inspiration could be heard in the adjacent street, day and night, by passers-by, until the children playing on the street would call each other's attention to the loud, crowing, inspiratory sound. It was a noble sight to witness the lad's fearful struggle for life. As each breath was drawn, the sternum and pit of the stomach would sink in, the skin of the neck be drawn down between the clavicle and chin until every muscle appeared like a cord, stretched tight to prevent the whole throat from being sucked tight back to the spine; and as paroxysm after paroxysm of croupal distress succeeded each other, until death appeared inevitable from exhaustion, if not from suffocation, it was difficult to inspire in the attendants hope enough to keep up necessary persistence in the treatment. But with this persistence, final success rewarded our efforts.

In several cases of diphtheria, I have since used the same local treatment with the atomizer, and with remarkably satisfactory results. I have now under my care two very remarkable cases. One, a young man of about 23 years, in whom the disease extended from the nose, by way of the Eustachian tube, into the right ear, in which the membranous deposit can be seen lining its outer meatus; the other, a nurse, aged 45 years, who took the disease from a child she was nursing. In her case, the membrane filled the nasal passages, lined the pharyngeal walls and tonsils, and spread along the roof of the mouth

an inch in front of the palate, the inflammation being so intense as to turn the roof of the mouth adjacent to the membrane a bright scarlet-red, and cause it to puff down until it pressed against the tongue. This case is also recovering, though the palate has been destroyed.

In these diphtheria cases, I usually give Belladonna θ , and Nitric acid (pure, 5 drops in a tumbler of water), in alternation every hour (and every half hour in very violent cases), and I use in the throat with a brush or atomizer, as may be advisable, a solution of $\frac{1}{4}$ brandy, $\frac{3}{4}$ water, and 15 grains of Potassium chlorate to each ounce of the liquid. I generally apply this latter preparation every hour to every two hours in light cases, and in severe cases I use the mixture of Turpentine and Alcohol every fourth hour. This latter can be used all the way from a fractional portion to its full strength.

This winter I have treated thus far 20 to 25 cases of diphtheria, with but one death—that one being a child, whose illness with typhoid fever existed for three weeks, fever blisters being on his lips, and the diphtheria attacking him in this state, the deposit showing itself by a rapid spread on the lips, thence into the nose, mouth, and throat, and causing death by blood-poisoning inside of 40 hours.

If what I have written shall help any of my brethren in successfully combating these terrible diseases, I shall feel well rewarded for spending two midnight hours in writing this paper.

TRAUMATIC PARALYSIS OF THE MUSCULO-SPIRAL NERVE; REMARKS ON A THERAPEUTIC FALLACY.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

By way of preliminary to the consideration of our subject, it will be well to give a short description of the anatomical points of interest pertaining to the musculo-spiral nerve. The musculo-spiral nerve is the largest branch of the brachial plexus, from the posterior cord of which it arises in company with the circumflex nerve. In descending the arm, it winds around the humerus, occupying, along with the superior profunda artery, the musculo-spiral groove. While in this groove, it gives off the upper and lower cutaneous nerves, and branches to the triceps, anconeus, supinator longus, extensor carpi radialis longior and brachialis anticus. On reaching the elbow, it takes a position over the external condyle of the humerus, at which point it divides into the radial and posterior inter-

osseous nerves. The former of these is purely sensory in function, and is distributed to the cutaneous surface of the dorsum of the thumb and the index and second fingers. The posterior interosseous is a motor nerve, and supplies the supinator brevis and the extensor muscles of the hand and fingers.

Owing to its exposed position as it winds around the humerus, the musculo-spiral nerve frequently sustains injury. This injury is usually the result of compression of the nerve, produced by prolonged sleep with the head resting on the upper arm, an accident which takes place in the vast majority of cases when the patient is sleeping off the effects of a drunken debauch. The injury may also be the result of pressure exerted by improperly constructed crutches, and also by permitting the arm to hang for a long time over a sharp edge.

As a result of this injury, paralysis of the supinator longus and brevis and the extensor muscles of the hand and fingers ensues. The hand hangs in a flexed position at the wrist-joint, the thumb is flexed and adducted, and the fingers are flexed and slightly overlap the thumb. Voluntary extension at the wrist-joint is abolished, and the power of supination of the hand is greatly diminished, the unimpaired action of the biceps preventing entire loss of supination. When the injury sustained is situated at a point above the origin of the branch to the triceps-muscle (a very rare occurrence), the power to make extension at the elbow will be lost. The flexor-muscles of the hand and fingers act with greatly diminished power, not on account of any derangement of their nerve-supply, but because of the approximation of their points of origin and insertion made necessary by the paralysis of their antagonists.

As in most cases of paralysis from injury to the peripheral nervous system, anæsthesia is present. It affects usually the posterior aspect of the thumb and index and middle fingers, unless the musculo-spiral nerve has been injured before giving off the upper and lower external cutaneous nerves, in which case it also involves the extensor surface of the forearm.

Trophic disturbances are met with only in severe cases, and consist in atrophy of the affected muscles.

The electrical reactions characteristic of all peripheral palsies are present. Diminution or even abolition of faradic contractility of the affected muscles takes place during the first or second week, while the galvanic irritability is greatly heightened. In cases taking a favorable course, faradic contractility gradually returns; but cases may arise in which voluntary power may be restored before any response to faradism may be elicited.

Regarding the prognosis of this accident, it is only necessary to say that the majority of cases make a good recovery, although they usually follow a protracted course. Where the injury sustained has been but slight, recovery may ensue within twenty-four or forty-eight hours. Assistance in making the prognosis of each individual case will be given by the careful study of the electrical reactions. The greater the extent of loss of faradic irritability, the more guarded must be the prognosis. In those cases in which complete failure to respond to faradism occurs during the first week, incomplete recovery may be expected, while in those in which some faradic contractility is preserved at the end of the second week, a good recovery will probably follow.

It was with special reference to treatment that I have been led to this consideration of traumatic, musculo-spiral paralysis, especially as a remedy which is prescribed with remarkable frequency in these cases, I cannot regard as in any sense homœopathic to the trouble.

That remedy is *Plumbum*. That lead produces a paralysis affecting muscles supplied by the musculo-spiral nerve, is true, but the traumatic and the saturnine disorder present important points of distinction sufficient to debar *Plumbum* from being a frequently-indicated remedy in the variety of paralysis under consideration. When wrist-drop occurs as a consequence of lead-poisoning, the muscle first affected is the extensor communis digitorum. The extensor carpi ulnaris and the extensor carpi radialis soon follow. The supinator brevis is only affected late in the disease, and the supinator longus on very rare occasions, and then only when the muscles of the upper arm, the deltoid, biceps and brachialis anticus, are affected. The latest investigations show that, in lead paralysis, the primary lesion is not in the peripheral nerves, but in the ganglion cells of the anterior horns of gray matter in the cord, the same region that is affected in acute poliomyelitis anterior. Why that particular portion of the cord which innervates the extensors of the hand and fingers should be affected is unknown, but the fact remains. Now, these ganglion cells represent movements, not muscles; that is to say, those muscles which are functionally associated will have their corresponding ganglion cells lying together in the cord. Thus the ganglion cells of the supinator longus, which is also a flexor of the forearm on the arm, are associated with those of the biceps-flexor and brachialis anticus, and yet these muscles do not all derive their motor power from the same nerve. The first important

point of distinction between traumatic and saturnine wrist-drop is that, in the former affection, the lesion is peripheral, while, in the latter, it is central.

In lead-palsy, anæsthesia is absent, while in traumatic musculo-paralysis it is found to exist over the cutaneous surface supplied by the radial nerve. Here is another point of difference.

The only point of similarity between the two affections is the wrist-drop, caused by the paralysis of the extensors of the hand and fingers.

Now, may I ask, is it in accord with the teachings of homœopathy to prescribe *Plumbum* in traumatic musculo-spiral paralysis? As soon would I think of prescribing *Nux vomica*, because the paralysis makes its appearance on awaking from a drunken debauch.

The remedy, which I have been accustomed to use in these cases, is *Hypericum*. Immediately I am told that I am prescribing on one symptom, namely, traumatism affecting the musculo-spiral nerve. That this is true, I must admit; but this one symptom goes far towards expressing the totality in cases of this disorder, and so is of much more importance than the symptom of "wrist-drop," on which the prescription of *Plumbum* was based.

In conjunction with the internal administration of *Hypericum*, electricity will be of great service. Faradism or galvanism is appropriate in certain cases. When the muscles fail to respond to the stimulus of faradism, galvanism only should be employed. The current selected should be of sufficient strength to cause marked contraction of the affected muscles, but care should be taken not to get it too strong, as harm may thus be done by tiring them. During the application, the hand should be well supported, so that its weight shall not interfere with the muscular contractions produced by the electricity. The positive electrode, well moistened, should be placed over the external condyle of the humerus, while the negative (consisting of a special muscle electrode also well moistened) is placed over the motor point of each affected muscle in turn, while slow interruptions of the current are practiced. Another method of making the application, and one not demanding the exercise of so great skill as does the above, requires the use of two large, well-moistened sponge electrodes. The positive is placed in the same position as before, while the extensor aspect of the forearm is slowly stroked with the negative. The act of moving the electrode along the

cutaneous surface produces interruption of the current. When the muscles have still retained their ability to respond to faradism, that current may be employed with benefit, the electrodes being applied in the manner above described. Slow interruptions of the current are better than rapid ones.

During the intervals between the applications, which should be repeated daily, the hand should be well supported, as the continual stretching of the extensor muscles retards recovery. With this object, the affected limb may be placed on a straight splint, or, better still, the device suggested by Dr. Van Bibber, of Baltimore, may be employed :

"A fingerless glove is worn upon the paralyzed hand, into the back of which, is inserted a wire loop in the median line. Another loop is inserted over the posterior surface of the elbow by means of a piece of moleskin plaster, which adheres to the back of the arm; an artificial muscle, consisting of simple rubber-tubing, is then introduced between the two wire loops, and should be drawn sufficiently tight to keep the hand continually in slight extension. A rubber band of any description may be placed around the wrist (allowing the artificial muscle to pass between it and the skin), thus preventing the apparatus from rubbing against the clothes and becoming displaced."

This simple apparatus I have used in several cases, and always with great relief to the patient. Its application always enables him to use the flexor-muscles of the hand and fingers with increased facility.

A POINT IN THE ETIOLOGY OF OPHTHALMIA NEONATORUM.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

THREE years ago we attended a lady in confinement, whose new-born baby suffered terribly from purulent inflammation of the eyes. The cause was, we presumed, a purulent leucorrhœa with which the mother was affected, and the existence of which we were not informed of until after her labor.

A few weeks ago it again fell to our lot to attend the same patient in confinement. Labor followed so closely upon our engagement, that she had time to take only two of the daily injections we had ordered.

Always quick in parturition—and this was her fourth pregnancy—we instantly obeyed the summons to visit her, and found labor well advanced. The "waters" had not broken, and it occurred to us that if the child could be born with an

entire amnion, it would necessarily escape direct contact with the maternal tissues, and so leucorrhœal infection would be prevented. Our wish was gratified, and we lifted the caul from off the struggling child after its safe removal from the mother.

Upon the fourth day after delivery, the very same time that ushered in our trouble with the previous child, the little one's eyes presented unmistakable signs of inflammation. We administered medicine, and cleaned the eyes frequently with calendula and warm water, until the case was cured.

Now, the interesting point for consideration is, what caused this disease? That leucorrhœa is a common cause is undeniable. But in the case referred to, the child was protected and, moreover, was cared for by the most competent nurse we ever employed. Every effort was taken to shield the child from strong light, and to protect it during bathing. It has been suggested that some purulent matter may have been inadvertently transferred from the child's legs to its eyes, and this is a possible elucidation of the case; but still the face was the first part bathed and dried.

Defective nutrition cannot be urged as a cause, for the child, from birth, was plump and well-nourished.

Probably, then, there is a tendency in some to such inflammations, that light, cool air, or some other slight cause, may arouse into active disease. That the eyes of the new-born are sensitive is well known, and, according to Noyes, "a red and sticky condition of the eyes is common to many infants when they begin their extra-uterine adventures."

It behooves us to watch with scrupulous care the eyes of our little charges, and endeavor to protect them from needless and perhaps fatal disease. Nurses should be taught to cleanse the eyes, not with a wash-rag or sponge, nor with a weak solution of nitrate of silver, now advised as a universal preventive; but with an ordinary medicine-dropper and warm milk, milk and water, or, if matter already exists, with warm calendulated water.

ANOTHER ERROR IN DIAGNOSIS.

FÆCAL IMPACTION MISTAKEN FOR CANCER OF THE RECTUM.

BY FRANK VINCENT, M.D., TROY, N. Y.

THE case reported by Dr. Kitchen in the *HAHNEMANNIAN* for February, suggests the propriety of reporting a similar error of diagnosis, made by two of these "arch fiends" of

differentiation. And aside from the *error* the case is of interest in many particulars.

In April, 1883, Mr. C. was taken with pain in the bowels, with vomiting at first of bile, then of stercoraceous matter. The pain and tenderness were most marked in the region of the ileo-cæcal valve; there was little disturbance of the general economy, and under the exhibition of *Nux vomica*, accompanied by enemata of warm salt water, the faecal obstruction was removed on the second day.

The following July he had a similar attack, which lasted five days.

The next month (August), while bathing at Long Branch, he became chilled; pain in the bowels supervened, and he started for home. The journey was made endurable by hypodermics of morphia. My diagnosis after a careful examination was faecal impaction. A greater severity of symptoms attended the case, and the usual remedies failed to dislodge the mass, which was definable in the iliac region. After several days of ineffectual efforts, during which time a high grade of fever developed, with tenderness and swelling, I decided that perityphlitis had taken place, but in this I was in error, as during the night the mass moved up and across the colon, leaving the ileo-cæcal region soft, patulous, and free of any evidence of inflammation.

Now, had I known of Dr. Kitchen's ox-gall enema or its use by rational administration, the battle would soon have been won. As it was, the mass, in spite of every encouragement, moulded itself in the sigmoid, from which with enemata of soap, molasses, salt, sweet and castor oil, it could not be removed. At this juncture a consultation was held with two prominent old-school physicians, they each visited the patient twice, and twice repeated their examinations; both ignored the previous history of the case, and upon the revelation of an examination per rectum, decided it to be a condition of *acute cancer of the rectum*; the diagnosis was claimed upon the shortening of the rectum and the nodular tumor to be felt in the left hypochondrium.

I was certain that they were in error, and as a *dernier ressort* placed the patient in the genu-pectoral position and administered a warm enema of soap water, a portion of which passed the mass and entered the colon. This operation, though painful and exhaustive to my enfeebled patient, was again repeated, and on the next day, small lumps of faeces came away, and soon the "fountain of the great" *heap* was broken

up; it was a greater *evacuation* day than that celebrated in New York. For twenty hours, the glad wife, with brief intervals of repose, bore away the source of our anxiety, this mass of "*acute cancer*," that had obstructed the bowels for *thirty-four days*.

Convalescence was necessarily very protracted, consuming all the month of October. During November and December the patient resumed business (that of a stock broker), the bowels from time to time giving him trouble, by reason of constipation.

On the 6th of January, after an exciting business controversy, he was taken with chills lasting about half an hour. This I supposed was nervous and the direct result of anger, but a recurrence of them, with prolonged fever and sweat, caused me to suspect pyæmia. I gave the antiseptic treatment of Déclat a full trial, but too late, as on the 16th of January a cough with offensive purulent expectoration suddenly set in, revealing the existence of an abscess, which later I located in the lower lobe of the right lung; for two days the foul expectoration continued, until the abscess had emptied itself. The patient from this time failed rapidly; his death occurred on the 31st of January. An autopsy was refused by the family.

The efficacy of ox-gall or any agent that will speedily dissolve faecal matter when impacted is worthy of record in these times, when men are *too busy* to regard the demands of nature.

The importance of considering the "toot and rumble" (as a friend puts it) of the symptoms, in making up a diagnosis, is exemplified in this case, for had I taken the conclusions of my confrères as a guide, my patient had died of septicæmia three months before.

The insidiousness of pulmonary abscess was fully exhibited in this case. From a personal knowledge of his family history I had been on the alert for a lung complication, and had made frequent examinations that gave negative information.

FÆCAL IMPACTION VS. OVARIAN TUMOR.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

EDITOR HAHNEMANNIAN MONTHLY:

Dr. Kitchen's article in your last on the above topic recalls my own experience of more than thirty years ago, when diagnosis was in its infancy; also with Dr. W. L. Atlee, then the

leading ovariectomist of America, whose friendship I enjoyed, and whom I assisted in operations, etc.

My case was a sedentary invalid maiden lady, about forty years of age, who had a large, firm lump occupying the whole left iliac region; movable, and massive. I summoned Dr. Atlee in consultation (probably soon after his experience with the former case). Beginner as I was, I was astonished to hear him say that he had no doubt that a daily dose of one teaspoonful of Epsom Salts would cure the tumor within a few days. Yet so it was—and so it may be again.

IMPORTANCE OF THE STUDY OF THE ORGANON OF HAHNEMANN.

BY L. B. WELLS, M.D., UTICA, N. Y.

(Read before the Oneida County, N. Y., Homœopathic Medical Society, January 15th, 1884.)

HAHNEMANN, in the *Organon*, has given us the principles and rules of general therapeutics in relation to a knowledge and treatment of disease; a work, by the by, too much neglected even by those who profess to be his followers. A noted would-be leader in one of our medical societies admitted that he had never examined the book, but was ready on all occasions to cast ridicule upon what he termed the vagaries of Hahnemann.

The truths enunciated in that remarkable book can be appreciated only by a careful and patient critical study. A physician, in loaning a copy of the *Organon* to an allopathic physician, said to him: "Please read it through carefully, and then read it the second time, giving twice as much time as the first, and then read it the third time giving twice as much time as the last." The gentleman did as advised, and expected to be able thereby to expose the utter fallacy of homœopathy. Although a veteran in years and practice, and one who had been an open opponent of Hahnemann and his teachings, he said to me, "that if these things are true, I have been fooled all my days."

A careful and critical application of the remedies on the principle of Similia resulted in his complete conversion to the principles and practice of homœopathy. Thus it will be with every one who, with an unprejudiced mind, gives the matter a careful examination. In fact, it can be safely asserted that no physician can practice with such assurance and confidence

as he will when he obtains a thorough knowledge of principles and practice as he will find in a study of the *Organon*.

Theories in medicine are of but small account unless substantiated by undeniable facts, as elicited by careful observation and experience. Without this positive knowledge the medical theory of to-day will, like the many of the past, be supplanted by another; as John Forbes, editor of a leading allopathic medical journal, says "that the history of medicine was but a history of perpetual changes in the principles and practice of its professors."

I take this opportunity to urge upon our friends, especially the younger members of the profession, a thorough and careful study of the *Organon* of Hahnemann, a work requiring the most careful investigation, which will doubly pay the inquirer.

HOMŒOPATHY IN SURGICAL CASES.

BY N. C. SCUDDER, M.D., ROME, N. Y.

(Read before the Oneida County Homœopathic Medical Society.)

Case 1. Daniel Mc——, æt. 35. Fracture 6th rib, right side, anterior third. Cause, direct blow from being thrown from sleigh. There was rupture of pleura, and penetration of lung, also injury of pericardium from the shock. Pleuritis, pericarditis, and emphysema were prominent features of the case; bloody sputa, cough, dyspnœa, pain in chest opposite fracture, and over heart; pulse ranged from 130 to 150, for over a week. Treatment, rest in horizontal position, compress wet with *Arnica*θ, bound tightly around chest. Remedies used, *Aco.*, *Arn.*, *Sang.*, *Bry.*, *Verat. vir.*, *Kali brom.* Results, complete recovery in six weeks.

Case 2. Mrs. C——, æt. 70. Fracture 9th and 10th ribs, posterior third, right side. Cause, direct blow from falling down a flight of stairs. The shock was severe; other symptoms were dyspnœa, emphysema of lung, sharp pains at seat of fracture on movement and breathing, no cough or sputa. Treatment, rest, horizontal position, compress wet with *Arn.θ*, and later the adhesive plaster strips to produce immobility of injured side. Remedies used, *Aco.*, *Arn.*, *Bell.*, *Bry.* Results, made good recovery, and is a firm and new adherent to homœopathy.

Case 3. Infant, æt. 9 mos. Dislocation of head of the left humerus into axilla (sub-glenoid). Cause, wrench of arm to save it from falling from nurse's lap. Symptoms, elbow out

from side, hand could not be placed on opposite shoulder, with elbow pressed to side, depression over deltoid, and pain and loss of use of arm. Treatment by rotatory method, extension upward, and rotation of arm from this position forward and downward and to the side, with reduction by first manipulation. No anæsthetics used. Applied Arn. externally, and gave Arn. and Rhus internally. On 3d day applied pasteboard shoulder-splint, and retained for one week. Results, good recovery, and no spontaneous dislocation.

Case 4. Mr. F——, æt. 28, blacksmith; splendid physique and powerful muscular build. Paralysis, motor and sensory, of right arm and hand from elbow down, four months' standing, atrophy of arm to the amount of half an inch, muscles and flesh soft and flabby; no power to hold or raise even the weight of a pound. Cause, came home tired with day's work, leaped onto the lounge and, with head resting on hand, and elbow on lounge, went to sleep, and at end of an hour awoke to find arm numb and powerless. After treatment by the best physicians and electricians in Providence, R. I., who used both remedies and electricity, both of which failed, he came to Rome, and under my care. The case was entirely cured in three weeks by the judicious use of Galvanic and Faradic currents, massage, Indian-club and dumb-bell exercise. Remedies, *Aco.* and *Rhus* 3^x. At the end of the 3d week he went to his work of swinging the hammer in the locomotive works of this city, and his arm has attained its normal size, hardness and strength, and has never failed him since. The currents were applied to cervical region of spinal cord down to elbow, arm, and hand, and then from elbow to arm and hand, and then to muscles individually, alternating the negative and positive poles of both Galvanic and Faradic currents of the McIntosh Galvanic, and Kidder's six-current Faradic batteries.

REMARKS ON SOME OF THE ACIDS.

BY E. A. FARRINGTON, M.D.

(From an extemporaneous lecture phonographically reported.)

YESTERDAY in finishing my remarks on the acids in general, you will remember that I divided them into two classes, the vegetable and mineral. Then I referred to the debility characteristic of acids *in toto*, and observed that in vegetable acids debility is marked by a soft, feeble pulse, whereas that of the mineral acids is marked by irritability, the pulse being rather

wiry. I next drew your attention to the dietetic value of acids and also to their general medicinal properties. I referred to their power of increasing the alkaline secretions and of diminishing the acid. Therefore they increase the flow of saliva and lessen the secretion of the gastric juice. I referred to the use of acid drinks during the course of fevers for the purpose of promoting the flow of saliva, and spoke of the pseudo-membranes which many of these acids, notably lactic and acetic acids, can produce. I referred to the power of lactic acid to dissolve even the enamel of the teeth. Speaking of the vegetable acids, I gave you a few hints regarding the use of citric acid in hæmorrhages. This acid is often employed as a homœopathic remedy for a peculiar state of mind in which careful housekeepers suddenly become indifferent to all that formerly interested them. This symptom does not come from simple stubbornness, but is the result of a debilitated condition. You will here recall a similarity to *Sepia*, which has indifference, not only to household matters, but also to persons formerly loved. I incidentally referred to symptoms of a rheumatic character produced by *Lactic acid*, namely, inflammation, redness and swelling of the joints, especially of the smaller joints, with profuse sweating; also to hawking of mucus and to swelling of the tonsils, with pain and sense of constriction which are worse from swallowing. There is a pseudo-membrane in the throat.

I also referred to the grape-cure; stating that grapes were useful for the purpose of diminishing obesity, and also in dropsy when it came from sluggishness of the circulation rather than from organic disease. At the same time I remarked that the abuse of these vegetable acids may develop their characteristic debility; the patient will then have diarrhœa, the mouth will become sore and filled with aphthous ulcers, the saliva run from the mouth, and symptoms of scorbutus appear.

To-day I invite your attention to two of the mineral acids, Phosphoric and Sulphuric acids. PHOSPHORIC ACID causes, and therefore cures, a peculiar debility, a debility which is not a simple weakness, such as occurs when one is worn out by work, but which comes from alteration of the fluids of the body (particularly of the blood), as after long-lasting weakness of digestion, after malnutrition, etc. Phosphoric acid differs materially from Phosphorus. I cannot, therefore, agree with those who assert that the latter becomes oxidized in the system, and that when we are taking what is called Phosphorus we are

in reality taking Phosphoric acid. This is asserted by Heinicke in his *Outlines of Materia Medica*, and by Hempel. While we cannot deny that Phosphorus quickly appropriates oxygen, it is certain that its effects potentized are different from those of the acid. No one is willing to admit that Phosphoric acid can be replaced in typhoid fever by Phosphorus.

Phosphoric acid at first causes an increase of vitality. True to its Phosphorus, it is at first slightly stimulating. This, however, is soon followed by the opposite condition, in which the sensorium seems to be very much depressed, so that we have developed a condition of complete apathy. Not only is there dulness of thought, but also want of feeling—apathy. This sensorial apathy is usually accompanied by more or less drowsiness and indifference to one's condition. When not extreme, you will notice that the predominant mental state is one of melancholy or sadness. These symptoms have led to the use of the drug for the effects of disappointed love and for jealousy, and also for the protracted effects of grief. You will recall *Ignatia* as a remedy for the acute effects of grief, and *Opium* for the immediate effects of fright. The *Ignatia* woman is introspective. She sits brooding over her trouble, and suffers from nervous complaints as a result. In Phosphoric acid mental and bodily depression result from the grief. There are frequent sighing, heat, and a crushing weight on the top of the head, perspiration in sleep, or from every little exertion or mental excitement, palpitation of the heart, etc. The body seems to emaciate steadily. The nearest ally here is *Natrum mur.*, which also in the protracted effects of grief has this same sort of headache.

You may use Phosphoric acid in a peculiar kind of headache which occurs in school children. The pain is constant and is of a dull depressing character, with blurring of vision. These symptoms always disappear during the holidays, but return again so soon as studies are resumed.

Phosphoric acid has a marked effect upon the stomach and abdomen. You may give it with confidence in diarrhoea when the movements are watery, whitish or grayish-white, often containing undigested food and accompanied by constant rumbling and gurgling in the bowels. It seems as if the patient's abdomen had become converted into a yeast-pot. Now you will read in the books that the great key-note of this diarrhoea, in addition to this rumbling and distension of the abdomen, is that despite the long continuance of the disease there is but little prostration. I do not deny this. It is a legitimate in-

ference from one of the symptoms, which reads something like this: the prover is astonished that his symptoms last so long, and yet he does not feel weak. This has been crystallized into a characteristic of the drug. But you will go astray if you depend too much upon it. Phosphoric acid can cause a distressingly debilitating diarrhoea, and I do not hesitate a moment to prescribe it when the patient is greatly prostrated, if he has bloated abdomen and undigested stools, particularly if the latter are watery and whitish. Accompanying this diarrhoea, especially in children, you will notice the mouth becoming sore, and the tongue is pale and clammy rather than bright red or dry. The face is pinched, there are dark rings around the eyes and other evidences of exhaustion.

Phosphoric acid is used for the complaints of women when menstrual irregularities are associated with dull pressure in the right hypochondrium,—probably from passive congestion of the liver.

Phosphoric acid, like Phosphorus, sometimes acts on the lungs. It is very useful in some of the stages of phthisis. There is a tickling cough, which seems to come from the pit of the stomach, accompanied with burning in the chest, passive congestion. The cough is followed by great thoracic weakness and dyspnoea. The patient is worse from every little exposure.

It is stated, I think by Buchner, that Phosphoric acid is useful for diphtheritic croup. I have given the remedy in diphtheria but once, and then, although it seemed nicely indicated, it gave no relief. The apathy, the drowsiness and the cough were all so marked, that had the case been one of typhoid I should have been astonished at the failure. It did not fail because I gave a high potency, for I used the 2^x or 3^x.

Phosphoric acid is indicated in bone complaints, periostitis, caries, etc., when the only pain is as if the bone was being scraped with a knife. This symptom is generally worse at night, and is accompanied with weakness.

Phosphoric acid is of use in typhoid types of fever, when the most marked symptoms are these: complete sensorial apathy; the patient is utterly regardless of his dangerous condition. He has but few wants. If you ask him any question he either does not reply to it or replies in the most laconic language. Very characteristic, too, is drowsiness; he goes readily into a deep sleep, but from this condition he is usually quite easily aroused, and then is clear-headed, but soon drops off again. Accompanying this mental state, are

great debility, nosebleed which gives relief, dry tongue or tongue covered with sticky mucus. The abdomen is bloated, with rumbling of wind, with or without the diarrhœic stool which I mentioned to you a few moments ago.

There is another form of debility for which Phosphoric acid is indicated; one from loss of animal fluids. Hence it is useful after protracted nursing, and after excessive venery. The debility is often accompanied by symptoms of great nervous exhaustion, shown by a tingling and formication, which no remedy is more likely to cause. It is also an excellent remedy when sexual excesses have taken all the tone out of the sexual organs, particularly in young men who are not suffering from any constitutional taint, and whose organs hang flabby, the penis refusing to become erect on any excitement. This condition Phosphoric acid, given low, will remove, but China will not. China will be of use for the acute effects of loss of semen.

Before passing to one of the other remedies, I want to place before you some of the analogues of Phosphoric acid. *Sweet Spirits of Nitre* runs close to the acid in this sensorial apathy of typhoid fever. Hahnemann was accustomed to give it when the patient lay like a log in this complete state of apathy. He has no wants and no complaints. He is simply dull and sleepy; arouse him and he looks like a man awaking from a drunken sleep. There are no marked organic changes going on in the abdomen. The whole burden of the poison seems to have been thrown upon the sensorium. Hahnemann used a few drops of the Nitre in water, given every few hours until relieved. His instruction was to give it when the drug was old enough not to redden the cork in the bottle.

The next remedy in this group is SULPHURIC ACID. The hour is so nearly spent, I can but allude to it at present. This acid is much more irritating than the Phosphoric. It is a more violent corrosive poison.

First as to the mind. The Sulphuric-acid patient is usually rather hasty, nervous, and restless in his disposition. He cannot do things fast enough to suit him. He lacks the stupidity of Phosphoric acid. He suffers from neuralgic pains, which come gradually and leave suddenly. They are not like the Belladonna pains, which come suddenly, last awhile, and then leave as suddenly as they came. The face is apt to be pale. Sometimes the patient has a sensation as if the white of an egg was dried on the face.

This acid is a valuable remedy in diphtheria, especially in the naso-pharyngeal form. Of course you will expect to find the acid debility and also fetid breath, but the symptom which will lead you unerringly to this remedy is that there hang from the posterior nares strings of a sort of lemon-colored mucus. It is not the stringy, tough, fibrinous membrane of Kali bich., but is a thinner, yellow mucus. The "lemon color" is borrowed from the color of the diarrhœa of this remedy, a diarrhœa in which the movements have a lemon-yellow chopped-up appearance; or there is fecal matter mixed with shreds of lemon-yellow mucus. I remember once making a rapid cure of milk-crust guided by this sort of stool. An elder brother of my patient, similarly affected, gave its parents incessant worry for eight months before a cure was effected. The second child, which I was called to treat, started in with the same trouble, to the dismay of both father and mother. With the milk-crust on the face was a frequent, lemon-yellow, mucus diarrhœa. The child was cured by Sulphuric acid³⁰ in three weeks, and remained well. Some physicians, remembering this symptom, transferred its ailments to the nasal mucous membrane, with the result of curing many cases of catarrh and diphtheria.

You will find Sulphuric acid useful in certain cases of dyspepsia. The patients vomit everything they eat or drink. They have a craving for brandy or some other alcoholic stimulant, after taking which they can retain food. This fact has led to the use of the acid for inebriates who cannot retain food and who are weak and trembling. Dr. Hering used to give Sulphuric acid in the crude form, one drop in a tumblerful of water, a teaspoonful to be taken every few hours until symptoms were produced, such as diarrhœa. Aversion to liquor soon followed. If the diarrhœa becomes annoying, *Pulsatilla* modifies it at once.

Sulphuric acid cures a peculiar cough. We may say it involves the stomach. It ends in the belching of wind. *Ambra* has a similar cough.

The essential debility of Sulphuric acid is of a peculiar kind. It is accompanied by characteristic sore mouth with aphthæ in yellowish-white dots over the buccal mucous lining. You will be astonished to see how readily that condition is cured by Sulphuric acid, especially if there is present a *subjective* trembling sensation of the body.

Miscellaneous Contributions.

MEDICAL LEGISLATION IN THE STATE OF NEW YORK.

BY H. M. PAINE, M.D., OF ALBANY, N. Y.

HAVING read the editorial on page 685*, bearing on the proposed bill for regulating medical practice in the State of New York, I offer the following statement :

The form, which you have published, is designed to supplant one proposed by the joint committees of the old-school and homœopathic State medical societies and of the old-school and homœopathic medical societies of the county of New York. The first section of the form, finally adopted by these joint committees, reads as follows :

"The Regents of the University of the State of New York shall appoint as many State *boards of examiners in medicine as they shall deem necessary*, the membership of one or more of which boards shall represent either one of the several systems of medical practice recognized by the incorporated State medical societies of this State, each board to consist of not less than nine members, who shall be legally authorized practitioners of physic and surgery in this State ; and all persons, desiring to practice physic or surgery after November first, eighteen hundred and eighty-three, must comply with the provisions hereinafter prescribed, and obtain the license hereinafter provided, before entering upon the practice of physic or surgery in this State."

This form provides for a plurality of boards, each school being represented by one or more of its own, the Regents being required to exercise their own judgment regarding the number to be appointed.

No action on this bill was taken by the legislature, partly because of the near approach of the close of the session, and also on account of the antagonism to it exhibited by the old-school medical society of Erie County, to which your article refers.

The Erie County Medical Society was pleased with the form first proposed by the committee of the old-school State society, because it provided for a single, mixed board, having a large preponderance of old-school members, and earnestly opposed the foregoing form mainly because it provided for separate sectarian boards.

The committee of the old-school State society, after consul-

* HAHNEMANNIAN MONTHLY, November, 1883.

tation with their homœopathic colleagues, soon discovered that it would be impossible to please all interested parties; that objection would be made to a single mixed board, having unequal representation; to a mixed board having equal representation; and to having a plurality of boards, in which the different schools could be represented, each in one or more of its own selection.

The old-school would not approve a mixed board having *equal* representation, for the principal reason that the homœopathic and eclectic members, by uniting, would assume control, a possible contingency not to be entertained for a moment. On the other hand, neither the homœopathic nor the eclectic physicians in the State would approve the formation of a central board *without equal* representation.

It is plain that in a board clothed with the administrative functions provided by the proposed bill, equal representation *must of necessity be insured*, in order to secure an impartial and just application of its judicial and executive powers, the ostensible object being, it is to be presumed, to fairly and equitably represent the rival schools and systems of practice recognized by law, not the relative numerical proportion of the membership of each, even approximately.

The political administration of government wisely recognizes and prudently applies this plan of representation, in the organization of the United States Senate, in which each State of the confederacy is entitled to *equal representation, without regard to population*. This principle, where rival interests and selfish instincts would prove insuperable to all rules of equity, is the only one that can constitute a suitable and effective check, and provides the only means for preserving and perpetuating an even and harmonious form of government.

While recognizing the propriety and equity of the principle of *equal* representation, provided a single, central board was to be organized, the joint committees wisely decided in favor of the appointment of a plurality of boards, as the most feasible and, at the same time, most effective plan that could be devised and successfully applied.

On this point the opinion seemed to prevail that seven or eight boards would probably be appointed—one at Buffalo, one at Syracuse, one at Albany, and probably three or four in the city of New York, one of which would be homœopathic and one eclectic. For the present, no doubt, these are all that would be required. What is stated, therefore, in the last paragraph of the editorial to which reference has been previously made,

regarding the appointment of separate boards, is pertinent and sound, because it indorses the only practicable method by which the good results desired to be obtained can be secured.

But it seems now that all this has been changed. The form proposed last year, providing for a plurality of boards, has been given up, and the Erie County proposition, that of a single, mixed examining board, named the "Medical Faculty of the University of the State of New York," has been adopted.

The committee of the old-school State society has recently issued and distributed throughout the State a pamphlet, entitled *A Plea for the State Regulation of Medicine and Surgery*. A perusal of this brochure, and of a circular issued to the medical profession of this State by the Erie County Medical Society, entitled *A Memorial*, also editorials and statements published in various medical journals, show plainly enough that a change of the mode of access to medical practice is being brought about, and that improvement is sought to be secured mainly by a more stringent supervision of the system by means of which a license to practice is obtainable, also the procurement, when necessary, of requisite legislation.

These sources show, further, that a very general and concerted movement has been inaugurated, and is well under way, with every reasonable probability of an extension to all the States of the Union.

It is, therefore, a point of interest to homœopathists to ascertain, with as little delay as possible, the bearings and influence of this new departure upon homœopathic interests and practice.

If single, central examining boards in each of the States are to be organized, and are to have full control of the licensing franchise, it is a matter of considerable importance to determine at once whether these functions are to be exercised in such a manner as to interfere in any way, on sectarian grounds, with the rights and privileges of homœopathists. Quoting from the pamphlets previously referred to, we find that

"The New York State Medical Society admits the legal position of these sects (homœopathic and eclectic), and does not attempt to interfere with their rights.

"The object of the legislation sought for is to restrain improper persons from practicing medicine in the State of New York, and to oblige all future candidates for medical honors within its borders to prove their qualifications before commencing to practice.

"What method of practice they may afterwards choose to adopt, the medical profession of this State cares nothing about, but it does wish that the diploma of Doctor of Medicine shall represent fitness and education, and not remain, as it too often does now, a symbol of reproach to the profession."*

"The object of this proposed law is to strike at ignorance and incompetency, but that it in no way interferes with freedom of opinion or individuality of doctrine."†

These quotations and the results of repeated personal interviews indicate that the movers in this matter are evidently actuated by a liberal and impartial policy. Indeed, the plans they propose would meet the cordial approval and warm support of homœopathists everywhere, were it not for the fact that the ratio of homœopathic representation in the board, which the bill at present provides for, will be so small as to deprive homœopathic students of all practical advantages derivable from the presence in the board of homœopathic associates. When homœopathists are given a working influence in the board, they will become zealous advocates of its provisions.

We should also bear in mind that, while the intentions of the present managers may be above suspicion, they will not always be able to control appointments, and, in spite of their influence and efforts, the old-school membership in the board may, in time, become intensely hostile to homœopathic interests. Let us be sure that we are not opening a door which we can never close. Are we not, by admitting without protest the principle of minority and unequal representation, placing ourselves in a position which may, in the course of time, prove extremely embarrassing, if not actually fatal, to the progress and perpetuity of homœopathy and homœopathic interests and institutions *as distinct from all others?*

Personally, I have no fear on these points. I have the utmost confidence in the ultimate spread and acceptance of homœopathic truth on the part of the profession, and I believe that when old-school physicians, as a class, accept and adopt homœopathy, they will have the honesty to frankly acknowledge the fact. In short, I believe, as a rule, old-school physicians are as honest as we are.

Entertaining these views, while I believe separate sectarian boards would be far preferable, as less likely to awaken party jealousies and bickerings, I am not sure but that the union thus formed in a single board will accelerate the breaking

* Plea, etc., page 11.

† Memorial of Erie County Society.

down of the partition walls and the obliteration of the dividing lines which have been heretofore, and even now are, zealously maintained by rival schools and partisan interests.

The question for us to consider, and that promptly, is, in my opinion, not one of approval or disapproval (this system will be ultimately adopted by the profession, whether we approve it or not), but whether we are ready to accept the position given us by our old-school colleagues, that of a minority representation, so small as to be practically without influence or power, and, if not, whether we have the zeal and energy to demand and secure a larger ratio of representation. To secure even this, it behooves the members of our school to put forth immediate and united effort.

There is one point, however, in the closing suggestions of the previously mentioned editorial, which will bear special criticism. You say :

“And, first of all, let the allopathic friends of the measure no longer try to make their fraud respectable by tacking it to the tail of their so-called ‘University.’ What sort of a divorce is it, to take the licensing power from an educational faculty, and give it to an educational bureau? The whole project is a weak, a *very* weak invention of the enemy.”

This statement indicates that the writer does not fully comprehend the exact animus of the proposed legislation. It is not intended to take the licensing power from the profession and place it in the hands of an “educational bureau,” composed of non-medical men. It is our purpose to take it from the several medical faculties, where it now reposes, and place it, as far as is possible, in charge of medical men who are not in any manner associated with the interests of the several medical colleges. The animus of this movement springs *only* from a desire to separate, to as great an extent as may be practicable, the educational from the licensing interests.

It is a notorious fact that incompetent and uneducated men are constantly licensed by existing medical faculties. This charge may not be as well sustained now as it was fifteen or twenty years ago, prior to the agitation of this subject. It would be strange indeed if, through the thorough discussion which medical education has received, some of the errors and weak points of the present system have not been corrected. Still so long as the qualifications of students, attested by liberty to practice, are decided by their own instructors, little, if any, permanent improvement can be expected. The forces which will always influence college faculties to a greater or less ex-

tent, while these close corporations are permitted to decide as to the quality of their own work, appeal directly to the promotion of self-interest. Their ability and standing as successful teachers is measurably indicated by the number of graduates, hence they desire to make as good a showing as possible in this direction. The fear of offending the preceptors of the students, on whose recommendation and good-will the reputation and success of their college largely depends, constitutes an influence of no mean proportions. Then too, the greater the number of students and graduates the greater the revenue. These powerful influences unquestionably warp the judgment, and not infrequently give a bias in favor of students whose qualifications are far below an average standard.

The present movement is designed to change this system, by taking away from the college faculties the right to license their own students, and placing it in charge of other medical men who are in no way interested in the success of any of the teaching institutions in this State.

This plan having been adopted, the question arose as to the source whence these separate boards should emanate. It was at once apparent that the existing medical faculties should not control such appointments; neither should the respective State medical societies, although these would appear to be far more appropriate, provided a free and open expression of the wishes of the profession could be obtained. To give the appointing power to the Governor or Senate would be objectionable, for the reason that political influences, rather than merit and fitness, would occasionally control the selections to fill vacancies in the board, and thereby defeat the objects in view.

The only body of men in this State, qualified for the thorough and impartial performance of this trust, is the Board of Regents of the University of the State of New York. This board has supervision of educational matters both academical and collegiate. The work of the board involves the preparation of many thousands of questions, proposed with reference to established grades, and the issuance of certificates to the successful competitors. The work of the board, with very slight stretch of its powers or labors, is therefore in a direct line of the operations of the proposed law.

Another reason, and a good one, why the Regents should be intrusted with the supervision of this work, is the fact that they have satisfactorily exercised this function for eleven years. The law of 1872, which is still in force, originated with and was carried to a successful issue by homœopathists, embraces

all the essential provisions of the proposed new law, the principal feature of the new one being that, after its passage, the Regents shall be the only medium through which its operations shall be enforced.

The homœopathic State Board of Medical Examiners, the first one appointed, has had an experience of eleven years. Several candidates have been recommended by the Board of Examiners to the Board of Regents for the degree of Doctor of Medicine, the last one being Dr. M. A. Wilson, of Northeast, Erie County, Penna.

It will be seen, therefore, that there is and can be no valid reason for giving the appointment of the examining board or boards to any other power or body than the Regents.

The last sentence of the previously-mentioned editorial is worthy of passing notice. You say: "The whole project is a weak invention of the enemy." It is my opinion that if the writer of that sentence had been for several years intimately associated with the gentlemanly members of the old-school committee on legislation, and had observed their freedom from sectarian bigotry and illiberality, their willingness to listen to all reasonable suggestions, and to approve all we have asked that could be practically carried out; furthermore, when they cordially invited us to render such assistance as we were able against a common barrier to medical progress, and the elevation of the standard of medical acquirements, solely for the purpose of mutual benefit, we feel that the use of the word "enemy" is wholly misapplied, to say the least.

I am of the opinion that if those who are zealously endeavoring to protect Hahnemannianism, would put forth more effort with a view of making true homœopathy *respectable*, by removing it from its disgraceful association with high potencies, they would have less reason to fear continual onslaughts from old-school sources. Reputable old-school physicians are *enemies* of the ridiculous features of our system, and we justly deserve their active opposition; they are no more hostile to them, however, than many homœopathists are.

Let the writer rest assured we shall endeavor to uphold all that is worthy of support in our school, and see that equal legal recognition is maintained whenever the legal status of our school is placed in jeopardy. At the same time, it is well for our friends in other states to remember that our old-school associates have resources in reserve which are exceedingly potent when shrewdly and vigorously pushed. For example, what other society in this country has voted an annual expen-

diture of five hundred dollars to be paid for ascertaining the presence of any bill or measure having any bearing on medical affairs, and for giving the committee on legislation immediate notice thereof?

What hope have we of ever securing any legislation which they might be pleased to consider inimical to their interests? And how much more difficult it will be for us to defeat bills, the wording of which we may consider objectionable, but which, under a show of fairness, can be carried through under the auspices of a well-paid attorney, in spite of any opposition on our part?

I call attention to these points to show that the old-school in this State is well-disciplined, thoroughly organized, and as soon as they can agree among themselves as to the provisions of the bill for regulating medical practice, *it will go through*. The college interests have thus far caused it to hang fire. If these can be satisfactorily adjusted, no other power will be able to defeat the bill.

NOTE BY THE EDITOR.—Our correspondent misunderstands the intent of our editorial, if he supposes that we regard every allopathic physician as an “enemy” of professional liberty and scientific progress. We have more than once distinctly expressed a contrary opinion. There are hundreds of allopathists in his State who would blush to be suspected of any such middle-age proclivities. But *they* were not the inventors of the Erie County Fraud. The men who concocted that measure are not seeking the public benefit at all; their object is to stop the progress of rival schools of medicine, and to prevent homœopathic and eclectic physicians from settling in the State. There are several passages in the proposed bill, all tending directly toward this object. We are convinced that “an enemy hath done this,” whether Dr. Paine can discover “old spear-tail” in it or not. We do not agree with him that “as a rule, old-school physicians are as honest as we are.” We, at any rate, are not guilty of robbing the public of medical privileges in public institutions, which have been bought with public money; neither do we resort to the cunning tricks of the pot-house politician to cheat physicians of other sects out of their professional rights.

Our correspondent closes his article with the statement that when the old-school unitedly asks the passage of a bill regulating medical practice, no power will be able to prevent its passage. Yet New York homœopaths, with Dr. Paine him-

self at their head, have more than once defeated the allopathists in their own strong-holds; and at the recent meeting of the allopathic State Society, when this same infamous bill was under discussion, one of their own distinguished speakers declared that no bill could be passed to which any one of the medical sects might be opposed.

LET US HAVE HOMŒOPATHIC SPECIALISTS.

BY WILLIAM R. KING, M.D., WASHINGTON, D. C.

AWAY back in August last there appeared in *The Medical and Surgical Reporter* an article on "Medical Science, Codes, and Pathies," by R. J. Curtiss, M.D., of Joliet, Ill., in which the author ventilates some of his views on the controversy between the New York State Society and the American Medical Association, on the question of medical ethics, relating especially to consultation with homœopaths. I am led to a short criticism of this article from the standpoint of a specialist, although of the homœopathic school. Many criticisms have been made on the then proposed revision of the code by the New York society, on the ground that it was all to be done in the interest of specialists of the regular school, for the purpose of pocketing many fat fees for consultations with homœopathic practitioners, in cases where the advice of a specialist is desired.

It is not my intention either to dispute or to uphold this charge—though it speaks but ill of professional honesty—as the fight is not our fight, except in so far as it may be necessary to prevent the standard of homœopathy from trailing in the mud occasioned by these charges and counter-charges.

Your excellent journal has frequently, in its editorial columns, warned our brethren to beware of any masquerading of our enemy, the wolf, in sheep's clothing. I know whereof I speak when I say the members of our school, whenever possible, prefer the assistance of a specialist of their own persuasion, when one is necessary, to one of the opposite craft, all else being equal. This is as it should be, for then there need be no clashing of ideas or interests in the treatment, local and constitutional, neither any personal jealousies, nor controversies with reference to these two forms of treatment.

My object is to impress on the student of homœopathic medicine the advisability, when possible, of adopting some specialty or specialties, and the devotion of his energies to the

same *after* a thorough course of study in general medicine and its legitimate branches, never to the neglect of the latter, however; this from two standpoints, his own emolument, and the honor and growth of homœopathy.

I am fully aware of the impediments confronting the homœopathic student in pursuit of any specialty, inasmuch as our hospital and clinical materials are necessarily limited, but, if necessary, let him seek opportunities for the pursuit of his studies wherever he can best avail himself of them; and it is hoped in the near future that our schools will be enabled to offer better facilities for gaining a thorough knowledge of all of the specialties pertaining to the practice of medicine and surgery without the necessity of going out to the enemy, even nominally and for but a limited period.

There are openings in nearly every city and town in the country for good and able homœopathic specialists; and the desirability for the existence of such specialists in our school is more apparent every day. The general practitioner of our school will find, on calling in a specialist of the "regular" class, that, in nine cases out of ten, said regular will cause dissatisfaction in the family, probably not from any desire to be dishonest, but from a natural "cursedness" and desire on his part to deal a blow at homœopathy which he recognizes as a dangerous rival, but never as a truth; this fact, unwholesome though it be, is but one of the reasons calling urgently for specialists of ability in our own ranks.

Further, in the article above referred to, Dr. Curtiss attempts to explain the basis of this effort, on the part of those "grasping New York specialists," to establish a new code of ethics. He claims it to be an attempt to reconcile the empirical science(?) of medicine with the *new phase of homœopathy* (whatever *that* may be), and further he apparently is more bitter against empirical medicine than against homœopathy, and says that "whatever homœopathy may have been, and whatever empiricism may have been, and whatever they may be now, the basis on which they stand is equal, and the clinical results show that the methods of each are equally successful, and the provings of drugs made by the homœopath, and the tests of the action of drugs made by the empiricist, upon healthy animals, together with the fact that the effects of the drugs differ according to the dose and the conditions, furnish the basis of fact upon which the practice of each school rests."

The doctor further says, "there is not the least attempt made, as there should be, to show some rational connection

between the action of drugs and the subsidence of the symptoms which are mentioned as having been cured." Now, although the doctor mentions in the article that the dose used in cause and cure of diseases are *respectively large and small*, he still embraces this empiricism and homœopathy under the same head, and abuses both roundly. He falls into the common error of our critics, and judges us and classes us without in the least understanding our great law of cure, or even our methods of proving, confounding even the toxicological effects of a drug with the homœopathic proving.

In short, the doctor claims that the empiricist and the homœopath alike take cognizance of a symptom, and apply a remedy based on "clinical experience" in one case, and "proving on the healthy" in the other, mentioning Ipecac. in vomiting and Tartar emetic in bronchitis as examples, and say that they cure said symptom, but without any knowledge of the why and wherefore; and he inquires, where is the science in such a hit-or-miss theory?

Our opinion is that most of the remedies successfully used by the empiricist are not used from clinical experience, but were stolen bodily from the homœopathic pharmacopœia, and, of course, without credit.

Evidently the doctor has stumbled against homœopathy in the dark, and, without knowing or seeking to know its nature, thinks to kick it aside as easily as he would fain dispose of the empirical practice of his own school.

In concluding his article, the doctor says: "The brink of discovery, upon which the science of medicine is now standing, is the prospect of finding out the cause of disease. The diseases which kill most people, who die in early and middle life, are, so far as any cause is known at all, all caused by some form of *contagium vivum*. This discovery, *when complete*, will place medicine on a scientific basis. Physicians will stop making experiments with drugs on healthy animals, and homœopathy will find it exceedingly difficult to kill parasites by giving sugared triturations of parasites in small doses. Does any one suppose a physician will be hunting for physiological remedies to antidote a cough, or a sweat, or a diarrhœa, after a method has been found for destroying the tubercle bacillus, either in the lungs or outside of the body?"

The author of the above quotation is not alone in his views. Far more renowned empiricists than he have expressed the nonsensical opinion that a thorough knowledge of disease and especially of its causes will and must result in making medi-

cine a science, and placing its practice upon a basis of success and certainty. This illogical and shallow proposition has its sufficient answer in the present empirical treatment of those diseases whose causes *are* known—a treatment such as few allopaths of progressive ideas are willing to accept as either completely successful or accurately scientific.

The whole trouble with our allopathic friends consists in the palpable error, that a knowledge of the cause and nature of disease always suggests the indications for its treatment. The *real* truth is, such knowledge *may* suggest means for its *prevention* (but does not always accomplish even this much), and never, under any circumstances, suggests the means for its cure. *That* has to be learned by other and widely different methods.

A CRITICISM CRITICISED.

TO THE EDITORS OF THE HAHNEMANNIAN:

A fair and candid criticism, even though it may seem to bear somewhat severely upon the thing criticised, is never objectionable, and the writer would be content to let the criticism upon his work, "The Diseases of Childhood," in the HAHNEMANNIAN MONTHLY, to which his attention has been lately called, pass unquestioned were it not that the article is calculated to convey an unjust impression of the book, and that many of the faults therein condemned exist only in the imagination of the critic.

Passing the first of his objections, regarding the title of the book, which, I think, is simply a matter of taste, I purpose considering briefly some of the various objections alleged, and see how far they are sustained by the facts.

1. "As a sample of diagnosis we subjoin the following, which is presented as diagnostic of nephritis: 'The diagnosis will appear from the nervous excitement, and frequent passing of scanty urine tinged with blood, with pain and tenesmus.'"
As has been stated in the preface to the book, the description of the diseases was mainly a condensation from the writings of recognized authorities, and the diagnosis as given was taken from the work of an older and presumably more experienced practitioner than either the writer or his critic, and it can therefore stand the onslaught of "F." We are all aware that many of our most eminent teachers were somewhat indifferent grammarians, but it is customary for evident reasons to copy them verbatim, as being familiar in that shape to all students.

2. "On page 154 the author says: 'In its onset diphtheria

resembles scarlet fever, and is due to a similar specific contagion.' We can surmise what he means ; but what he says is evidently erroneous. The language is faulty." On this point the criticism lacks but two things to be correct ; in the first place what I actually wrote is not erroneous, either as to fact or as to expression, and above all not evidently so. Certainly the critic does not comprehend the meaning of the words he uses, or his language is decidedly faulty.

3. "The author is as much prejudiced against diphtheria as some other writers are in its favor. Raue declares the prognosis not bad ; Underwood declares it unqualifiedly unfavorable." This statement is entirely unfounded, as will be apparent to any one who will compare the language used in the book with the statement made above, as in the article upon diphtheria the prognosis is qualified by the sentences following, and as a matter of fact, the prognosis of a disease of which more than one-third of all persons attacked die (*vide* report of Brooklyn Board of Health for 1882), and of which—true malignant diphtheria—many eminent physicians express doubt as to its curability, can hardly be regarded as otherwise than unfavorable, unless F.'s experience has led him to regard a disease in which only one-third of those attacked die as exceptionally favorable.

4. "Twice at least 'Arum' is spelled 'Aurum ;' 'Gelsemium' is persistently misspelled with an 'n,' and Antimonium crudum is continually printed 'Antimony crude,' and Antim. tart. is rendered 'Antimony tartar,' or 'Tartar emetic.' 'Staphysagria' is inexcusably printed 'Staphysagria.'"

The first part of this charge is true, and can only be explained by the innate depravity of the type-setter. As to the spelling of Gelsemi(n)um I am at a loss to see where the misspelling comes in, except on the ground that F. is the sole repository of wisdom and what differs from him must necessarily be wrong, for the spelling of this remedy as given by Hale, Hull, Johnson, etc., and by Boericke & Tafel, Smith & Keith, in their list of remedies, is Gelseminum ; and so of Staphysagria, which is thus spelled by Lilienthal in Hull's *Jahr*, and indifferently with an i or y by Raue. The criticism on this point is, to say the least, crude and egotistical ; and why not Tartar emetic ? most sapient critic.

[Well, all these, like Dr. Underwood, are inexcusably mistaken. But lest we be again regarded as the "sole repository of wisdom," we refer the indignant doctor to Worcester, Webster, Wood, Gray, Dunglison, Stillé & Maisch, Wood's

Materia Medica, Bartholow, Hughes, Heinigke, Burt, *Encyclopædia Britannica*, Allen, etc. Is not this enough? F.]

5. "Is there not evidence of careless haste in the following? Chorea is an involuntary spasmodic motion of a single, or of a single group or groups of muscles. . . . The causes may be divided into predisposing and exciting, the former (?) being weakness or degeneration of the nervous system." There most certainly seems in this case an instance of strained and determined effort at fault-finding, as the statement is true both as to fact and to expression. [Let the reader be the judge. F.]

6. "Frequently sentence follows sentence with no other form of verb in each than the present participle. For instance, on page 135 we read: 'The convulsion *arising* from the irritation and inflammation of the spinal cord, the cellular tissue surrounding the cord *being* effused with blood.' In one instance at least, a participle is crudely followed by a verb in the present tense: 'Death *arising* from exhaustion, and occurs at the end of the second week.'"

The quotation here given, when taken in connection with the preceding sentences, is correctly written, and has only been tortured into the semblance of an error by the reviewer who has misquoted the extract, deliberately striking off two-thirds of the latter sentence to give point to his charge.

[We give the sentence in full here, that the reader may see how one can be ungrammatical and still stubbornly assert that he is correct: "Death, when it occurs, arising from exhaustion and occurs at the end of the second or beginning of the third week." This is literal both as to words and punctuation. The doctor forgets to refer to the following, which was one of the errors we mentioned: "Is roused the moment he falls asleep from want of breath." F.]

7. "On page 139 we are informed that typhoid comes from an animal malaria. What this is we are at a loss to determine." For the benefit of F. I will quote Dunglison, who gives malaria (literally, bad air) as synonymous with miasm, which he thus defines: "Any emanation, either from the bodies of the sick, or from animal or vegetable substances, or from the earth, especially in marshy districts," malaria being more appropriate to the latter emanations. Hence animal malaria, or miasm, an emanation from animal substances. [We are glad the doctor has defined his odd expression. F.]

8. "On page 154 it is asserted that the diphtheritic membrane, if spontaneously thrown off, does not renew itself. This, we think, the experience of many will contradict; at least it

is too emphatic a declaration." On this point Raue says: "The diphtheritic membrane if spontaneously thrown off is generally not renewed." The only error here, if error there be, lies in making the statement too positive, which is, however, in accord with my own experience. [If it is made less positive, our criticism is answered; but it wasn't so qualified in the book. F.]

Very truly yours,

B. F. UNDERWOOD.

We are sorry that the doctor has taken umbrage at us for doing our duty. We were, in fact, mild in our criticism of his book. We pointed out a few errors, not in a fault-finding spirit, but with an earnest desire to do all we could to help raise the quality of homœopathic literature.

Now, however, since we are accused of unfairness, we feel compelled to say here that we found many errors in the doctor's book which we did not make public. If at any time they should be wanted, they can be furnished. F.

SOME RECENT INVESTIGATIONS ON GERMS.

The following letter was published in the *Medical News* for February 16th.

TO THE EDITOR OF THE "MEDICAL NEWS:"

SIR: I have thought that some account of the recent discoveries in regard to bacilli might interest readers who are remote from the great radiating centres of constructive science. The latest of these discoveries is even yet spoken of here with caution, but by the time you have printed this, it will have revolutionized one branch of physiology, and produced an evolution of novel ideas, the final results of which, not the boldest can predict. But before outlining for your readers a discovery which I am privileged to communicate by permission of Prof. Coccischläcter, and before it has been fully published at home, it may be well to describe the Krankheitenursprungsanstalts—Museum of Bacilli—collected by the Herr Oberprofessor Keimerzeurger von Verdammtnarrburg. This has been done at the cost of more than one life upon the altar of science. The museum is a room about thirty feet square with double walls of glass, between which circulates water kept at a temperature of 30° C. by three gigantic thermostats, which are so accurate that the heat does not vary one-fifteenth of a degree. Ranged along the sides, exposed to air or under glasses, are hundreds of half potatoes, on which

grow various bacilli; of late, however, boiled cabbage is said by Keimerzeurger to answer better. Certain specific cocci flourish on the Beta altissima or mangel wurzel, but as to this choice of culturgartens more is to be said. To walk through this museum with Herr Professor Keimerzeurger is interesting. Before entering, a mask is given you, and a bottle of condensed oxygen, so as to enable you not to inhale the atmosphere loaded with germs. In tones muffled by the need to speak within the mouthpiece, you learn that to the left is a tubercular potato, its surface gray with the potencies of countless deaths. Near it the bacillus of gonorrhœa flourishes on the cut surface of the succulent beet, beside the ruddy germs of syphilis. Scarlet fever infests this potato, diphtheria that. The new bacteria of pneumonia flourishes on a boiled watermelon; and glanders, cholera, smallpox, and hydrophobia spread in tiny greenish growths over the little gardens of gelatine. For a moment, in my interest, I displaced my mask. The professor instantly seized me and hurried me from the room. "What a risk!" he said; "my last assistant did as you did, and died in seven days of acute phthisis, with symptoms of hydrophobia and whooping cough, combined in horrible equality." I did not desire to re-enter this box of Pandora. In adjoining apartments of less size are the experimental cultivations, those which are still in doubt. Among the most interesting is the micrococcus of gout found to flourish best upon gelatinized turtle soup.

A most striking practical result has grown out of some of Coccischächter's and Keimerzeurger's later researches. They have been able to show that the bacteria of colic flourish on the green apple, which accounts for the gripes experienced by youthful gourmands. But far more remarkable is the fact that certain micrococci die in some culture materials and thrive on others. Thus the tubercle bacilli flourish on boiled cabbage but perish on moist sauer-kraut, so that by a persistent diet of the latter article, they have been able to saturate some of their devoted assistants up to the point of insusceptibility, a discovery which will, we trust, put an end to the cavils at the failure of these researches to yield practical results.

Most startling of all is Herr Keimerzeurger's latest result. He has been able to show that the inconvenient monthly sickness known as the menstrual flow is a non-essential of female life and is due to a peculiar bacillary growth. It is at once and for many months destroyed by the growths of the bacterium virilis, long misapprehended as the spermatozoid. This latest discovery has been received with derision in France,

but Hahn has given it his support, and in my next, I shall report his confirmatory experiments.

REICHSCHWAMM,

First Assistant to Dr. Hahn.

ODE TO THE BACILLUS.

(For the Hahnemannian Monthly.)

Oh, powerful bacillus,
With wonder how you fill us,
Every day!
While medical detectives,
With powerful objectives,
Watch your play.
In epidemic glanders,
In certain forms of "janders,"
You delight.
E'en to the fifteenth culture,
Voracious as a vulture,
You can bite.
Koch and Spina, growing splenic,
O'er your power septicæmic,
Rant and roar.
Schmidt says when pus grows rotten,
Only then you are begotten,
Not before.
In lung tuberculosis,
In skin necrobiosis
How you squirm!
While gonorrhœal burning
Is caused by sporules turning,
Some affirm.
'Tis said a crypto-coccus
Will very often choke us,
If we fail
To drop the acid phenic,—
Which is antisepticæmic,—
On its tail.
Frier says in fever yellow
He finds a little fellow
Breeding pest.
Gregg swears, do what he will, he
Sees nothing but fibrilli,
By his test.

In atmosphere mephitic,
 In poison diphtheritic,
 How you revel!
 In earth and air and ocean
 You keep disease in motion,
 Like a devil.

But bacillus, oh! bacillus,
 You try in vain to kill us,
 Yet we thrive.
 And though you try to blind us,
 Next year I hope you'll find us
 Quite alive.

WM. TOD HELMUTH.

[Next!—EDS. H. M.]

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY C. MOHR, M.D., SECRETARY.

THE stated meeting of the society was held at the Hahnemann Medical College, on Thursday evening, January 10th, 1884, with twenty-four members in attendance. In the absence of both President and Vice-President, Dr. E. A. Farrington was called on to preside.

The minutes of the December meeting being read and approved, the Censors reported favorably on the applications for membership by Drs. J. T. Ridge and E. S. Sharpless, and the election of these gentlemen ensued.

The following report was submitted:

"Your committee, to whom was referred the proposed addition to Article VIII. of the By-Laws, would respectfully recommend that the following be adopted, viz.:

"SEC. 4. The President shall also appoint a Board of Examiners consisting of three members, whose duty shall be to inquire into the educational and moral qualifications of all persons proposing to study medicine under the preceptorship of any member of this society, the examination to include the branches embraced in an ordinary English education and also the elements of Latin; and no member shall accept such student without a certificate of said board.

(Signed),

JOHN K. LEE,
 JOHN C. MORGAN,
 AUG. KORNDORFER,
 Committee."

The report was accepted, and the question of adoption of the addition to the By-Laws laid over one month.

The following bureau announcements were made:

Dr. P. O. B. Gause, chairman, reported having secured Drs. C. M. Thomas, W. H. Bigler, C. R. Norton, and H. F. Ivins, to compose the Bureau of Ophthalmology, Otology and Laryngology.

Dr. D. M. Castle, chairman, announced that Drs. S. H. Quint, E. M. Gramm, Eliza H. McClure, and Lora C. Jackson had been appointed to constitute the Bureau of Zymoses and Dermatology.

Dr. E. Boylston Jackson, chairman of the Bureau of Clinical Medicine, announced that the subject of "Gastric Ulcer" had been selected for discussion at the February meeting.

Dr. Daniel Karsner, a graduate of the Jefferson Medical College of the year 1865, applied for membership. Referred.

The Bureau of Materia Medica, Dr. J. C. Guernsey, chairman, submitted a report embracing papers, as follows:

- a. "Effects of Picric Acid," by Dr. J. C. Morgan.
- b. "Confirmation of Symptoms," by Dr. E. A. Farrington.
- c. "Calcareo Phosphorica, *ex usu in morbis*," by Dr. H. F. Ivins.
- d. "Calcareo Phosphorica," by Dr. J. C. Guernsey.

The papers were read, and those on Calcareo phos. discussed by Drs. Mohr, Morgan, Farrington, Weaver, Ivins, Branson, Gramm (E. M.), and Allen (R. C.).

A paper on "Tabacum," by Dr. H. N. Guernsey, was presented by title, and along with the other papers of the bureau, accepted and referred for publication.

Dr. H. N. Guernsey was appointed chairman of the Bureau of Materia Medica for the ensuing year, and by limitation the society was declared adjourned.

The stated meeting of the Society was held at the Hahnemann Medical College, on Thursday evening, February 14th, 1884, with twenty-four members in attendance. Dr. W. B. Trites, President, in the chair. The minutes of the January meeting were read and approved.

Dr. Daniel Karsner's application for membership was reported duly approved by the censors, and his election ensued.

Dr. Henry N. Guernsey, chairman, reported having appointed Drs. John K. Lee, C. B. Knerr, J. C. Guernsey, and J. C. Morgan, to constitute the Bureau of Materia Medica for the ensuing year.

Dr. Isaac G. Smedley, chairman, reported that the Bureau of Obstetrics and Gynecology would present papers at the March meeting on "Antisepsis as applied to Pelvic Surgery," by Dr. B. F. Betts; "Ills Resulting to Women from Constipation," by Dr. J. N. Mitchell; "Amenorrhœa," by Dr. O. S. Haines; and "Anteflexions and Anteversions of the Uterus," by Dr. J. G. Smedley.

Action on the proposed new by-law, to provide for the examination of persons proposing to study medicine, was deferred until the next meeting, owing to the small number of members present. [The Secretary had mailed notices in time, but the postmaster preferred St. Valentine to business.]

Dr. W. C. Powell, a graduate of the Penn Medical University, of the year 1857, was proposed for membership, by Dr. Chandler Weaver. Referred.

Dr. Mohr presented the following, which was adopted :

WHEREAS, A bill to prepare and publish a Pharmacopœia, to be known as the *National Pharmacopœia of the United States of America*, has been presented in Congress by the Hon. Samuel J. Randall, in which provision is made for the appointment of committees by the American Medical Association and by the American Pharmaceutical Association, to coöperate with the medical officers appointed by the Secretaries of the Treasury, War, and Navy, in the preparation of the said Pharmacopœia; and

WHEREAS, As this Pharmacopœia, if published by the government, shall be, as the bill declares, "for the benefit of the medical and pharmaceutical professions, and of the community at large," it is only just that the Homœopathic profession and laity (representing millions of the community) shall have a proper representation: therefore,

Resolved, That the standing Committee on Organization, Medical Education, Statistics, and Legislation, be requested to use every honorable means to induce Congress to so amend the bill as to include provision for incorporating in the proposed Pharmacopœia, the medicines and processes peculiar to homœopathic pharmacy, and for the appointing of a committee by the American Institute of Homœopathy, with like powers granted in said bill to the committee appointed by the American Medical Association.

Dr. E. Boylston Jackson, chairman of the Bureau of Clinical Medicine, presented a lengthy report on GASTRIC ULCER. The etiology and pathology were discussed by Dr. Theodore J. Graham; the symptoms and diagnosis, by Dr. W. W. Van Baron; the prognosis and hygienic treatment, by Dr. F. O. Gross; the medical treatment, by Dr. J. B. S. Egee.

Clinical cases were recited by Drs. Egee, Gross and Gramm.

A brief discussion ensued, participated in by Drs. P. Dudley, C. Mohr, W. B. Trites, and W. M. Williamson. Prof. C. G. Raue was made chairman of the Bureau for next year. Adjourned.

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THE
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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

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No. 3.

The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE AMERICAN LICENSE SYSTEM.—We have never entertained very strong predilections in favor of licenses of any kind. We gravely doubt if any government honestly possesses the prerogative to say that one citizen may have the right to carry on a certain kind of legitimate private business and that another may not, or that any citizen not possessing the right may yet purchase it from a government which neither owns it in fee simple nor holds it in trust. If, however, the right to license or to restrain legitimate business be conceded, still it must be acknowledged that this power has generally been exercised either to build up and foster monopolies or to clothe usurpers with illegitimate powers, or to protect men in the commission of crime. Hence it is that we are almost as much opposed to any of the present half-digested methods and theories respecting the licensing of professional men and artisans, as to the so-called "regulation" of brothels and gambling-hells, of drinking-saloons and lotteries.

Society, however, certainly has the right and the duty to protect its members against those who, through either igno-

rance or cupidity, would imperil life, health, or property. And if the term "license" could only be redeemed from the disgrace into which it has fallen, by reason of its chronic and shameless prostitution, there would be fewer physicians found opposing its application to the practice of medicine and surgery. Medical men know that there are numerous forms of quackery and fraud in medicine, so deftly disguised that even the most intelligent layman and his family are entirely at their mercy. It may be said that the citizen has a right to choose his own physician, and that the government has no right to interfere with him in this choice. This is true enough, but the government has an undoubted right to interfere with the schemes of the fraudulent pretender who tries to palm himself off as an honest, skilful physician. Moreover, the government is bound to protect the citizen against that medical ignorance and professional dishonesty, the existence of which *he* can ascertain perhaps only at the cost of some loved one's life. The same principle of law which prohibits the counterfeiting of money or of goods, or the adulteration of merchandise, may prohibit also the counterfeiting of professional skill, as an equal fraud upon the public. On these points there exists but one opinion.

But the manner in which this protective principle shall be applied to the practice of medicine and surgery does not seem, as yet, to have been very accurately defined in either the public or the professional mind, that is, if we may judge by the character of the license laws now in force in the different States, or by the discussions of the subject in medical societies and journals. Possibly we shall not be pardoned for expressing, just here, our opinion that medical men, as a class, are not remarkably well qualified for the business of drafting medical license laws. They seem too ready to override long-established personal and corporate rights in their zeal to secure the one object at which they aim,—the protection of the dear public and their dearer selves. The discussion in the New York State Allopathic Society a few days ago will be sufficient to illustrate our point. In that discussion of the subject of medical license, the rights of patients, or of physicians or of colleges, did not appear to concern a single one of the numerous individuals who participated in it. It was deliberately proposed to summon the legal power of the State of New York to enforce a medical society's by-laws, not upon its own members only, but also upon other physicians and, indirectly, upon the public. It was suggested that violation of the code

of ethics—they called it “unprofessional conduct”—should be suppressed and punished by statute, as if the State of New York cared the toss of a farthing for a medical society’s code of ethics. But the highest flight taken was in a proposition to vacate and annul the charter of any medical college for cause, or for no cause, as might seem good to the regents of the so-called University.

In Illinois there exists the same lack of appreciation respecting the difference between the by-laws of a medical society and the statutes of a commonwealth. The Secretary of the State Board of Health has a nice little claim for damages to meet, for having attempted to use the State’s power in punishing what he deemed a breach of professional etiquette. That secretary is not the only individual of his kind in America. Hundreds, perhaps thousands, of others, if they could, would be ready to inflict fine and imprisonment upon physicians for acts affecting only their relations with their brethren of the profession.

If homœopathic physicians have not a better comprehension of this whole subject of medical license than their allopathic brethren, they certainly have had better opportunities to acquire it. And they should at all events insist peremptorily upon at least the following provisions in any license system for American physicians:

A. That the authority to issue licenses to physicians shall be national as well as local, and that all *national* licenses shall be valid in all the States. Otherwise a physician removing to another State must undergo a re-examination, even in those branches which are made least use of in daily practice.

B. That the examining board should either be required to accept, as sufficient evidence of qualification, the diploma of any college which could prove the adequate character of its graduation standard, or else that it should be prohibited from asking any question whatever, respecting the graduation or non-graduation of any applicant for a license. To demand of the applicant a diploma, with the full intention to ignore and repudiate the statements set forth in it, is both absurd and insulting.

C. That the examination shall embrace only those branches upon which there exist no essential differences of opinion among medical men, including of course the physical and physiological properties of drugs, but not the application of drugs to the treatment of disease.

D. That all physicians who have successfully passed the

examination, and only those, shall be eligible to appointment in the army, navy, and marine-hospital medical service without further examination.

E. That the examining board shall consist of representatives from all schools of practice, and that no one school shall have a working majority of the entire board.

F. That the licensing power of the individual States shall be restricted so as to affect only such physicians as have not been licensed by the National authorities.

RULE OR LAW?—Dr. Richard Hughes, in one of his interesting lectures delivered at the London Homœopathic Hospital Medical School, sets forth his reasons for regarding homœopathy as a method and not a doctrine.

He admits that *similia similibus* is based on philosophy and science, but that it is not a law. It is an inference from observed facts; but, he says, it requires a vast number of observations and experiments to enable us to formulate a new law of nature, while a rule of art can be deduced from a very few particulars, its application being a speedy test of its validity.

We differ with the learned writer. The constant and regular appearing of facts depends not upon arbitrary rule, but upon that manifestation of power we call law. Dr. Hughes seems to admit this, for he observes that it requires a vast number of experiments ere we can formulate a new law of nature. Surely homœopathy can claim accurate experiments enough to deserve the adjective vast, and these experiments have revealed an almost incalculable number of facts constant and regular in mode, and hence subject to law.

But our objection to Dr. Hughes's position does not end here. Whether intentionally or not, his lecture implies that Hahnemann preferred to consider homœopathy as a method rather than as a law. He says that homœopathy "is an inference from certain observed facts; shall we state the inference by an affirmation, universal, exclusive, unchanging, that '*similia similibus curantur*,' 'likes are cured by likes,' or by a practical conclusion, admitting of qualification and exceptions—'*similia similibus curentur*,' 'let likes be cured by likes?' Dr. Wells and those who think with him declare for the former alternative; *I must follow Hahnemann himself in thinking the latter the utmost for which we have warrant.*" (*British Journ. of Hom.*, Jan., 1884.) The italics are ours.

That Hahnemann wrote "*curentur*" is true; that Mr. Ev-

crest states it correctly when he says that Hahnemann was annoyed at the substitution of "curantur" may be admitted; still, all this does not prove that Hahnemann hesitated to claim *similia similibus curantur*, because it is unwarrantable.

If he objected to the change, it was because he preferred the imperative force of *curentur*; or, perhaps, because he deemed it more correct Latin. Certainly it was not for the reason assumed by Dr. Hughes. Hahnemann, in true humility, looked to the Lord as the source of the healing art, and so regarded homœopathy as a divine boon, declaring it to be a "law of nature," "the foundation of every real cure" (*Organon*, § 26), "the only law of cure in nature," or "nature's law of cure" ("Natur-Heilgesetze"), *Ibid.*, § 50. Here he not only calls it a law, but the *only* law. Would he hesitate, then, to say "*similia similibus curantur*," "*likes are cured by likes*?"

THE PROPOSED GOVERNMENT PHARMACOPEIA.—There has recently been introduced in Congress a bill providing for the preparation and publication of a work to be known as *The National Pharmacopœia of the United States of America*. The work of compiling and preparing the volume is to be done by a commission consisting of two officers of the Marine-Hospital service, two of the medical staff of the Army, and two of the medical staff of the Navy. These officers are empowered and directed to invite the aid and coöperation of two committees, of not less than three each; one committee to be appointed by the American Medical Association, and the other by the American Pharmaceutical Association. These twelve are to form "a board, which shall have power to add to its number, . . . and to adopt such rules as it shall see fit for the expediting and perfecting of the said *Pharmacopœia*, which, when completed, shall be printed under the supervision of the said board."

The *Pharmacopœia*, when printed, "shall be held and accepted as the standard for the purveying, compounding, and dispensing of drugs or medicinal agents," etc.

Whether any secret motive is urging the passage of this bill, we neither know nor care. It is our duty, as physicians, to see to it that it does not pass,—at least in its present form. The United States should tolerate no more legislation on any subject connected with medicine, which fails to recognize the existence and the equal rights of all three of the medical sects. This bill proposes to take the authority, the responsibility, and

the honor, which naturally belong to the entire profession, and confer them upon a single, narrow sect of that profession,—that one, too, which is alone accountable for the separate existence of both the other sects. It proposes to ignore two national medical associations of equal right with the two it has selected, and one of them the oldest in the country. It proposes to exclude from the *Pharmacopœia* some of the most important methods and principles known to the compounders and dispensers of medicine, and to have the government restricted in its pharmaceutical and medical resources to the means and processes of a single faction of the medical profession.

There is work here for national and State committees on legislation. That is just what they are appointed for. It will not do to wait until the societies themselves can come together and take action. The outrage upon science and upon the people may be consummated long before that can be done. There need be no question about the coöperation of the profession with these committees in any reasonable measures they may adopt.

Three things ought to be insisted upon: *first*, that the three national medical associations shall have equal influence and authority in the proposed "Board;" *secondly*, that all the pharmaceutical methods of all the schools shall be mentioned in connection with the drugs treated of, and *all under one head*; *thirdly*, that all drugs in common use by any one of the "schools" of medicine shall be treated of, and all in a similar manner, precisely as if these drugs and processes were all in common use by each and all the schools. Sectarianism should not be allowed to display itself in any form or manner whatsoever in the work. But to secure these things, suitable provision must be included in the law itself.

THE ARMY MEDICAL BILL.—The Committee on Legislation of the American Institute of Homœopathy informs us that a new bill has been brought before Congress to prevent discrimination between schools of medical practice in the appointment of medical officers under the government. This bill is numbered "Senate Bill 1223," and is as follows:

"A bill to secure to the medical profession equal rights in the service of the United States.

"*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That all appointments to medical service under the Government shall be made from graduates of legally-chartered medical in-

stitutions, without discrimination in favor of or against any school or theory of medical practice.

"SEC. 2. That any violation of the foregoing section shall be punished in the same manner as prescribed for like offences by the act entitled 'An act to regulate and improve the civil service of the United States,' approved January sixteenth, eighteen hundred and eighty-three."

This bill is somewhat different from the one before Congress at the last session. The substitution was made upon the suggestion of congressional friends of the measure, and is likely to secure a more extensive indorsement than the former measure, while it will accomplish the desired object as well, if not better. It is now in the hands of the Senate Committee on Civil Service and Retrenchment. All homœopathic physicians should write to or see their representatives in favor of the proposed law.

DECEASE OF DR. PULTE.—Just as we go to press we receive news of the death of the venerable Dr. J. H. Pulte, of Cincinnati, Ohio, which occurred February 24th. We shall publish, next month, an extended sketch of the life of this distinguished pioneer, whose history is so closely interwoven with that of homœopathy and of homœopathic medical education.

Notes and Comments.

THE CUMBERLAND PLATEAU in Tennessee is declared by physicians having knowledge of the circumstances to be entirely free from cases of pulmonary consumption.

THE AMERICAN HOMŒOPATH wishes to know if its readers would prefer to have the terminal *ist* restored, making the title of the journal what it was originally. *We vote, aye!*

HOYNE'S HOMŒOPATHIC DIRECTORY for 1884 has come to hand. It includes lists of homœopathic physicians in Illinois, Indiana, Kansas, Missouri, Wisconsin, Iowa, and Nebraska.

QUACK is a German adjective, meaning quick, living, alive. It is therefore common for old-school physicians to apply it as a nickname to all physicians who have more success than themselves.—*American Homœopath.*

A FIRE-PROOF BUILDING for the library of the Surgeon General's office is one of the prime necessities of the hour. Physicians of all schools have an interest in the subject, and can help to secure such a building by using their favorable influence with their own representatives in Congress.

AMERICAN IDEAS.—Dr. Agnew, of New York, at the recent meeting of his State Society, expressed his opinion that the delegates from that State "would again be admitted to the National Association when that Association had imbibed American ideas." But that event is not likely to occur very

soon. Judging from the Association's limited knowledge of the quality of the human intellect, and of the rights of conscience, it has not yet reached the days of Columbus's first voyage.

THE DISEASE OR THE PATIENT?—If a homœopathist adapts his remedy accurately to the totality of the morbid phenomena, and if the totality constitutes the disease (as Hahnemann taught), what is he treating,—the patient or the disease? If an allopathist applies a vesicant to a healthy skin, a cathartic to a healthy intestine, or a hypnotic to a healthy brain, what is he treating, the disease or the patient? We commend these questions to our critical contemporary, the *Homœopathic Physician*, and also to allopathic physicians.

A DELICATE INSTRUMENT.—Dr. N. C. Scudder, of Rome, N. Y., has constructed an instrument which he calls a galvano-chronometer. Its purpose is to detect the workings of the nervous system. It is so sensitive that as soon as any portion of the body is brought into connection with it, it at once deflects a magnetic needle a greater or lesser number of degrees on a dial. Three miles of copper wire, 8000 feet to the pound, are used in constructing the instrument. All this wire is insulated by being covered with silk. The needles are suspended in a magnetic field by a single fibre of unspun silk of the finest quality, requiring much skill and patience in adjustment. The doctor has been about three months in constructing the instrument and putting it in working order. He has found, by experiment, that the degree of deflection of the needle is higher after meals than before, and that such articles as are direct stimulants to the nervous system and give an increase of nervous energy, also show a higher degree of deflection of the needle. Some medicines that have been experimented with, when taken in the crude form decrease the deflection of the needle, and when taken in homœopathic doses increase the deflection. Dr. Scudder thinks that this instrument will open a new field of investigation into the mysterious workings of the human body, and that it will be of great service to physicians, scientists, and electricians.

New Publications.

CLINICAL COMPANION TO "PHYSIOLOGICAL MATERIA MEDICA." A compendium of diseases, their homœopathic and accessory treatment, with valuable tables, and practical hints on etiology, pathology, hygiene, etc. By William H. Burt, M.D. Chicago: Gross & Delbridge, 1883. 12mo, pp. 250.

Through some inadvertence, we have omitted to make mention of this work, received months ago, and must ask pardon of the author and publishers for the oversight.

This work contains condensed, practical, and *handy* articles on Weights and Measures (including, of course, the Metric System), the Pulse, Temperature, the Tongue, Dentition, the Urine—its chemical and microscopical examination, Milk, human and bovine, Deodorizing and Disinfecting Agents, Poisons and their Antidotes, Asphyxia and its Treatment, Impurities in Water, Dietary Tables for the Sick, Post-Mortems, Medico-Legal Examinations, Mineral Waters, and Massage.

The Compendium of Diseases gives the general remedies likely to be called for under each disease or condition mentioned, together with what the

author calls "adjuvants," under which he includes the whole hygienic management of the patient and of his environment, diet, clothing, air, exercise, bathing, recreation, everything, in fact, that can promote a rapid and complete re-establishment of health.

The author does not say that this book "meets a long-felt want," but *we* do. D.

PALLISER'S USEFUL DETAILS IN ARCHITECTURE. Published by Palliser, Palliser & Co., Bridgeport, Conn. April, 1881. Vol. I. Price, \$3.

This is a series of forty plates, each more than two feet square, containing in the aggregate hundreds of designs and plans,—*not* of entire houses and other buildings,—but of the exterior and interior "details" of modern architectural structures, chiefly of dwellings. They include gates, fences, doors, windows, balconies, gables, roofs, towers, chimneys, walls, cornices, stairs, fireplaces, mantels, sideboards, bookcases, etc., all of elegant and exceedingly varied pattern, and exhibiting precisely the modes of their construction. If any of our doctors are about to build or remodel their residences, they will probably be well paid, at any rate deeply interested, if, before commencing operations, they procure this series of architectural details.

D.

HANDBOOK OF ECLAMPSIA, or Notes and Cases of Puerperal Convulsions, comprising all the cases which have occurred during the present century, within a radius of several miles around Avondale, Chester County, Pa., so far as can be ascertained. By E. Michener (and others), Philadelphia: F. A. Davis, Atty. 1883.

This work is exceedingly little for the size of its subject, and exceedingly feeble for the size of its littleness. Its author confesses to have been in dispensary practice so long ago as 1816, and gives evidence of not having learned much since that time. His book was written for the double purpose of demonstrating the value of indiscriminate bloodletting as a therapeutic measure, and of defaming a homœopathic physician, in neither of which is it a brilliant success. It exhibits on almost every page the extreme debility of extreme old age. We are considerably astonished that it ever found a publisher.

D.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY. By B. F. Underwood, Ph.D., M.D., Professor of Diseases of Children, in the United States Medical College of New York. Published by the A. L. Chatterton Publishing Company, New York. 1884.

Troubled like the rest of us, Dr. Underwood endeavors to lay down a rule of guidance.

He thinks that there are two forces inherent in matter. One force is generic; the other, individual, intrinsic, specific. If the dose of a drug is large, the generic action of the drug overshadows the individual.

The symptoms indicating a remedy, the doctor says, may be grouped into two classes: "Those resulting from the action of the medicine, the pathogen-

etic symptoms, such as the thirst of *Nat. mur.* or the nausea and vomiting of *Ipecac.*, which are cured by the vital or individual action of the remedy, and those which are clinical or empirical, and curable by the drug-action, as the fever-symptoms of *Aconite*, or the atonic symptoms of *China*." Accordingly, he gives the symptomatology of a list of drugs, designating under each remedy what symptoms call for high and what for low attenuations.

For example, *Aconite* is advised to be given high as a nerve-stimulant, and low in fever, inflammation, etc. The drug, according to the doctor, is not homœopathic to fever. *China* is to be given high in nervous irritation, increased vascular action, etc., and low in atony, ague, etc. Some drugs are curative only in the high. With some "the action of high and low dilutions is opposite" (the author says "*are* opposite"). With others "the action 'of both the high and the low attenuation' is on the same plane" (here again he prefers it "*are* on the same plane").

The doctor seems to think that clinical and empirical symptoms agree with the generic force, and so he employs for them the low potencies.

It is doubtless true that drugs act differently in different potencies, and that clinical symptoms of a general kind usually yield best to low potencies. True is it, also, that pathogenetic symptoms often yield to high attenuations. But no law of dose can be deduced from these facts, because their reverse is so often true. And, besides, a just explanation of the law of cure shows that the so-called generic force and the specific force are essentially one.

Dr. Underwood's classification of drugs, according to his assumed law of dose, shows patient work, but we think it is not practical. We would not like to limit ourselves to a low potency of *Bryonia* in pleuritis with exudation, of *Calcarea* in infantile diseases, of *Cimicifuga* in myalgia, etc. Indeed, we believe that, in the first two cases at least, a high potency often, yes, very often, acts better than a low.

We are surprised that a man of Dr. Underwood's intelligence should make the strange and absurd assertion that *Aconite* is not homœopathic to fever. It is *the* remedy, when there are "anxious impatience, unappeasable restlessness, and agonized tossing"—the symptoms that first led Hahnemann to use it, and to use it in the 24th attenuation, not in the low preparation Dr. Underwood's rule requires. But, further, *Aconite* is not only homœopathic by virtue of this mental state, but also by reason of the fact that it has caused chill, fever, and then sweat. What more is needed to make a drug homœopathic? Has Dr. Underwood fallen into the allopathic notion that *Aconite* is merely a cardiac depressant?

The doctor must excuse us, if we again complain of his grammar and rhetoric. There are, in the first nine pages of the book, at least five instances in which verbs are used in the wrong number. Several sentences are obscure, and many are marred by the doctor's method of employing only the present participle. What, to illustrate, is the force of "unequal" in the following?: "The law 'that, to every action, there is an equal and opposite reaction' being manifestly unequal to explain many of the phenomena observed."

F.

Cleanings.

SCARLET FEVER IN DOGS AND CATS.—DRS. Alexander Hadden and Erskine S. Bates, in letters to Dr. John C. Peters, report undoubted cases of scarlatina occurring in cats.—*N. Y. Med. Jour.*

TREATMENT OF CHAPPED HANDS AND FROSTED FEET.—Dr. Carl Seiler calls attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. It is applied by simply painting it on the skin. The stockings may be prevented from sticking to the feet by rubbing some oil over the benzoin.—*The Polyclinic.*

RADICAL CURE OF HYDROCELE.—Dr. John A. Wyeth, of New York, reports a case of hydrocele in which a radical cure was attempted by means of injections with iodine. Cellulitis affecting the scrotum, penis, and contiguous skin of the abdomen followed. The patient died one week after the operation, from heart failure.—*Annals of Anat. and Surg.*

THE PREPARATION OF MILK FOR FEEDING INFANTS.—Experience has led Dr. A. V. Meigs to adopt the following method in the preparation of cow's milk for infants. Seventeen and three-quarters drachms of pure milk sugar are to be dissolved in a bottle containing one pint of hot water. Then when the child is to be fed, the nurse should mix together two tablespoonfuls of cream, one of milk, two of lime-water, and three of the sugar-water, and then as soon as the mixture has been warmed, it is ready for use. If the infant is healthy, this quantity will not satisfy it after the first few weeks, then double the quantity must be prepared for each feeding.—*Med. News.*

NITRO-GLYCERINE AND THE CHLORIDE OF GOLD AND SODIUM IN THE TREATMENT OF ALBUMINURIA.—In Bright's disease, there is an increased tension of the vascular system, due to an irritation of the vaso-motor centre in the medulla. The condition of elevated tension of the vessels led Dr. Roberts Bartholow to the use of nitro-glycerine in albuminuria. He says that he has seen some remarkable instances of relief—indeed of cure—effected by it. In cases of mitral disease accompanied by albuminuria, it also renders the highest service—for the diminished peripheral tension lessens the work to be done by the heart, and assists in the more equal distribution of the blood. The effect of this in relieving the venous congestion is obvious.

Chloride of gold and sodium has a special action on the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, and the kidneys by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. The chloride of gold acts on connective tissue, and checks its over-production. Dr. Bartholow uses the nitro-glycerine in the form of the centesimal solution, the initial dose of which is one minim. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours. It is indicated in acute cases after the subsidence of acute symptoms, and in chronic cases at all periods, but especially if given before hypertrophy of the arterioles has taken place. When it acts favorably, the amount of albumen in the urine steadily diminishes. Chloride of gold and sodium is indicated in the sub-acute and chronic cases, especially the latter. The good effects to be expected will depend, necessarily, on the extent of damage already inflicted on the kidneys. The usual initial dose is one-twentieth of a grain, twice a day. If this should cause any untoward symptoms, it should be dimin-

ished. If necessary, the dose may be increased. The good effects will be observed in less than two weeks or else not at all.—*Med. News.*

MORPHIA AND GELSEMIUM.—Experiments made by Dr. Isaac Ott show that the preliminary use of morphia hastens the toxic action of gelsemium.—*Archives of Medicine, Feb., 1884.*

COMPLETE FRACTURE IN AN INFANT.—Dr. Powell reports a case of complete, "not green-stick," fracture of the humerus of a child who was only four days old. The presumable cause was rough handling by the nurse. Complete fracture is very rare in one so young.—*Medical Bulletin, Jan., 1884.*

MYXŒDEMA.—At the meeting of the Clinical Society of London, on Nov. 23d (*Med. Times and Gazette*), an interesting debate took place upon the subject of myxœdema, in which Sir W. Gull, Dr. Ord, and other observers whose names have been associated with our knowledge of the disease, took part. A valuable communication was made by Dr. Felix Semon on a series of cases of myxœdema occurring after extirpation of the thyroid gland by Professor Kocher, of Berlin, who, not being acquainted with the disease as such, had described his cases as a peculiar form of cachexia; in sixteen instances of complete removal, the myxomatous changes had been observed, whilst in the cases of partial removal, the results upon the general health had been satisfactory. The previous belief in the intimate connection existing between the loss of the thyroid gland and the development of myxœdema was undoubtedly strengthened by evidence which the discussion called forth, but it was no less evident that there are at present no facts extant, by which the nature of that connection can be determined.—*Phila. Med. Times.*

AN AUTOPLASTIC AMPUTATION OF THE INTRA-VAGINAL PORTION OF THE UTERUS.—Dr. William H. Parrish records the case of a woman, æt. 26 years, who had had six labors, three of which were premature. Examination of the case showed the cervix extending about one inch external to the vulva. There was a deep bilateral transverse laceration of the cervix. The sound entered four and one-half inches into the uterus. The fundus uteri was at its normal height in the pelvis. The vagina did not protrude outside of the vulva. The perineum had been torn as far as the sphincter ani, and the tonicity of the remaining portion had been greatly lost. To remedy the evil, the external mucous membrane of the cervix was dissected off to within one-quarter of an inch of the point where it is reflected from the uterus anteriorly. Then with a bistoury, the cervix was amputated, and the circular flap of the external mucous membrane attached by sutures to the mucous membrane of the cervical canal. The union of the two mucous membranes was perfect, and the stump was completely covered with mucous membrane. The newly-made os was patulous.—*The Polyclinic.*

CICATRIZATION AND CORNIFICATION OF THE SKIN.—In the healing by second intention of a wound affecting the cutaneous surface, two distinct processes call for consideration, viz.: the growth of granulations appertaining to the connective tissue, and the formation of a corneous envelope, which appertains to the epidermis. Not infrequently these two processes fail to act in harmony, and the result is either, that, while the granulations are abundant, or even exuberant, the pellicle of epidermis fails to complete the healing, or, on the other hand, the granulation process is delayed, while the epidermic layer tends to close over a cavity, or by folding in upon itself to produce callous edges. Unna has been studying how these processes may be affected by different remedies. Conditions that promote one may delay the other. Among the remedies which tend to destroy or dissolve the corneous layer are Carbolic acid, Salicylic acid, Corrosive sublimate, the Bromine and Chlorine compounds, Acetic acid, Permanganate of potash, Thy-

mol, Pyroligneous acid, Peroxyd of Hydrogen. Though commonly used in the dilute form, it is claimed that their influence is unfavorable to corneous growth. Iodoform, Boric acid, Benzoic acid, Acetate of aluminium, the Balsams, Subnitrate of bismuth, and Oxide of zinc, while devoid of properties injurious to the cuticle, are not keratoplastic (productive of corneous growth) in their effects. On the other hand, there are certain remedies that seem to have the property of promoting the growth or the regeneration of the stratum corneum. Such a remedy, it is claimed, is Pyrogallic acid. It has the extraordinary property, at the same time that it is destroying deeper tissue, of regenerating the cuticle. In explanation of the opposite effects of different remedies Unna has produced a singular theory. As is well known, most of the antiseptics abovenamed are oxydizing agents. On the other hand, Pyrogallic acid has very remarkable reducing or destroying properties. Unna's theory is that substances that promote oxydation are stimulants to the granulating process, but are liable to hinder cornification, while remedies belonging to the class of reducing agents tend to promote the growth of cuticle, but often counteract the development of granulations. Sulphuretted hydrogen is also a keratoplastic remedy. It is produced when the sulphur alkalies are used, and also from sulphur itself. The former are usually objectionable, because too irritating or caustic to the skin. On the other hand, a strong sulphur ointment is sufficiently mild, if not too long applied, and, as is evident from the odor produced, is attended with an abundant development of sulphuretted hydrogen. Another property of this ointment, which was incidentally remarked, was that of reducing exuberant granulations, which it was found to do even better than nitrate of silver. It was found especially useful for this purpose upon the granulating surfaces on the scalp—that are so often rebellious. The writer also speaks of sugar (a strong reducing agent) in this connection, alluding to the fact that a common and very efficient remedy for fissures of the nipple is a powder consisting of sugar and gum-arabic. In "*impetigo contagiosa*" he states that sugar has been one of the best of remedies. Tar and linseed oil are also keratoplastic remedies. Often when fats are not well borne by the inflamed skin, this oil heals. The virtues of carron oil are largely attributed to this ingredient. Many remedies locally applied promote cornification through the abstraction of water. In this way, act so-called "dusting powders," spoken of by many as inert. Again, applications that compress the skin, such as the rubber bandage, tend to assist cornification by reducing the amount of watery fluid in the skin and subjacent vessels.—*N. Y. Med. Journ.*, Dec. 15th, 1883.

THE EFFECT OF "PRESERVATIVES" ON THE DIGESTIBILITY OF MEATS. —In a paper on the sanitary control of the food-supply, Dr. William K. Newton refers to the influence exerted by "preservatives" on the digestibility of meat. Of these, he has examined salicylic acid, the alkaline carbonates, potassium nitrate, borax and boric acid. Many fanciful names are given to the compounds and each is claimed to be "positively harmless." Their use should be discountenanced by sanitarians, for the mere fact that a certain chemical combination will check fermentation outside of the body, leads us to believe that digestion will be impaired or impeded by their use. To demonstrate this, Dr. Newton has treated milk with a preservative, and then attempted artificial digestion. Digestion was proved to be interfered with or checked altogether.—*Med. News*.

A CASE OF WORD BLINDNESS.—The case in question was that of a printer, 33 years of age, a man of good habits. He was a bright, skilful workman, making but few mistakes in composition. Upon the afternoon on which he was taken, he had a sense of impending trouble, but no idea of his real condition, until the foreman of the shop called his attention to the remarkable character of his work. His "stick" contained matter that was full of mis-


takes known to the craft as "doublets." In almost every line, he had repeated one word several times, and many others were transposed. He could not correct his mistakes, but he made fresh blunders. Later, he went to his eating house; he staggered and dragged the right foot. He could not ask for what he wanted, although the bill of fare was before him. While walking home, he inclined to proceed in a semicircular direction, mainly toward the right. He next became unconscious, and was thus found the next morning. He heard all questions but could not reply. He could move his right leg and arm feebly. So far he could not speak, but within a month began to talk, but could not read. He could repeat words, however, after another person. Dr. Hamilton saw the patient three months later, and noted the interesting feature of the case, that the man read with great difficulty. He read substituted words which in length and form resembled, in some degree, those of the printed matter; for instance, *New Haven* for *New Hampshire*, etc. He prefixed unnecessary articles to whatever words he was asked to read. He knew the denomination of coins from their size, but could not add them. He had no idea of adjustment. He could not locate objects. He had no appreciation of direction or space by association; i.e., if placed with his face to the north, he could not tell which was south, east or west.—*Med. News*.

SYPHILITIC NEURALGIA.—Professor Seeligmüller says (*Deutsche Med. Wochenschr.*), that neuralgia of syphilitic origin is of much more frequent occurrence than is commonly supposed. Neuralgias from this cause have a particular localization. The painful pressure points are confined to a zone two or three finger-breadths in width, passing from one ear to the other, directly over the top of the head, like a round comb. The nerves concerned are the auriculo-temporal and lesser occipital. He distinguishes carefully between these neuralgias and syphilitic periostitis of the bones of the cranium, especially of the parietal bones. He relates a case in which a diagnosis of syphilis was made from this form of neuralgia alone, although there were no other clear signs of the disease, and the presumption from the circumstances of the case, was against it. In time, other evident symptoms of syphilis were declared.—*Med. Rec.*

TRICHINIASIS AND AMERICAN PORK.—The London *Lancet* having called attention to the (supposed) dangers arising from the importation of American pork, the *New York Medical Journal* says: "The *Lancet* is to be commended for taking pains to inform its readers that pork, whether American or not, should be well cooked; it would be still more to be commended if it would state how many cases of trichiniasis in England have been traced to the use of American pork, the importation of which has never been checked.

" . . . In a recent report to the State Department, Mr. Mason (the American Consul at Basle) says, 'The fact deserves to be widely known that here in Switzerland, which is almost the only Continental country in which American meats are permitted to be imported and sold on their merits, their reputation is not only higher now than ever before, but they command a preference in this market over similar meats from every other country.' Mr. Mason throws out the broad suggestion that, if it had not been the case that the importation of American meats into European countries, in a normal state of the market, brought the retail price of a favorite article of food within the reach of many thousands of people who could not otherwise afford such a luxury, thereby not only making a serious competition for the European butchers and hog raisers, but also diverting a large and constantly increasing outflow of money to the United States, it would never have been discovered by the economists of Paris, Berlin, and Vienna that American pork was dangerous or impure. . . ."

News, Etc.

 News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.

COMMENCEMENT EXERCISES OF HAHNEMANN COLLEGE will take place at the Academy of Music, Broad and Locust streets, on Wednesday, April 2d, at 12 o'clock, noon. Professor Mohr will deliver the valedictory.

HOMŒOPATHY IN PRUSSIA.—Dr. A. Peltzer, a recent graduate of the Philadelphia College, writes us from Stralsund, Prussia, where he has located, that homœopathy, though received at first with distrust, has gained a firm foothold there, and that people in large numbers are accepting the new method as worthy of confidence.

DEATH OF DR. ELISHA HARRIS.—Dr. Elisha Harris of the New York State Board of Health, widely and favorably known as a contributor to the literature of sanitary science, but especially for his work in connection with the United States Sanitary Commission during the late civil war, died of peritonitis, January 31st, 1884. He was sixty years of age.

HOMŒOPATHIC DISPENSARY OF ALLENTOWN, PA.—A free dispensary has been established at Allentown, Pennsylvania. The medical staff consists of Drs. W. A. Hassler, F. J. Slough, Constantine Martin, J. H. Helfrich, A. L. Kistler, G. M. Romig, and Wm. H. Romig, all men of experience and skill in their profession. During the first two months there were treated at the dispensary, 89 patients; at their homes, 12; number of visits, 66; total prescriptions, 401.

DR. JOHN BUTLER'S LIBRARY LECTURE before the Homœopathic Library Association of Philadelphia was, like those that preceded it, a marked success. The lecture was given in City Institute Hall, and several hundred persons, professional and lay, were assembled to hear it. The subject was "Mesmerism," and the lecturer illustrated his subject and exhibited his powers upon a number of "victims," to the great amusement of his auditors.

TWO NEW HOMŒOPATHIC JOURNALS have recently appeared. First, *The St. Louis Periscope*, edited by Prof. E. C. Franklin, M.D., and published by F. N. Nixon, No. 41 Singer Building, St. Louis, Mo. Subscription, \$2.00 per annum in advance. Secondly, *The Regular Physician*, edited and published by A. P. Hollett, M.D., Havana, New York, well known as the accomplished Secretary of the New York State Society. Subscription, \$1.00 per annum in advance. Both journals present a neat and attractive appearance, and we wish them success.

LEGAL POWERS OF COUNTY MEDICAL SOCIETIES.—It has been by some supposed that a law passed in 1880 by the New York State legislature, revoked certain powers previously held by county medical societies. Under this view numerous members of these local organizations have withdrawn their membership. Recently a committee of the New York County Homœopathic Society, consisting of Drs. Dillow and Cowl, has obtained a legal opinion to the effect that the said law does not revoke these powers, and

that county societies may still annul the licenses of physicians not members in such societies.

THE OLD-CODE MEDICAL ASSOCIATION.—At a meeting held in Albany, N. Y., February 7th, to organize a society in opposition to “freedom of medical opinion and action,” sixty-five members signed the roll of the New York State Medical Association. The doctors, who thus formed themselves into a society, still retain their membership in the State Medical Society, but announce that their sympathies are in accord with the national code of ethics. It was decided to permit all physicians in the State, who are in good standing, to become members. Dr. H. D. Didama, of Syracuse, was made president, Dr. Hunton, of New York, treasurer, and an advisory council of ten members was appointed. The association will meet in New York on the third Tuesday of November, 1884.

THE ERIE COUNTY MEDICAL BILL, the main features of which were given in our pages some two or three months ago, received a decided “set-back” at the New York State (allopathic) society’s recent meeting. Industrious and almost desperate efforts had been made to establish an impression that the bill had secured the almost unanimous support of the profession in the State of New York, and that its passage was practically assured. The State society, however, gave an emphatic rebuff to this method of doing business by declining to indorse the proposed licenselaw, and after discussion the whole subject was postponed until the next annual meeting. That, of course, settles the question of the legislative passage of such an act for this year at any rate, and makes it unlikely that such a transparent trick ever can become a part of the medical law of that State.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—At the seventy-eighth annual meeting of this society, held in Albany, February 5th, 6th, and 7th, 1884, the code again came up for consideration. The subject was brought before the society by a resolution offered by Dr. Didama abolishing the new code. But little time was spent in discussion, inasmuch as the whole ground had been covered by the arguments advanced in the medical journals and at previous meetings of the society. The result of the vote was 105 ayes to 124 nays, which sustained the action of the society taken in 1882 and maintained in 1883. No notice was given to the society of any future attempt to reverse this decision.

After the adjournment of the meeting, at which the above action was taken, a number of the more prominent adherents of the old code, in accordance with previously made threats, met at the Delavan House and took measures for the organization of a new State society to be known as the New York State Medical Association. Dr. Didama was elected President. On motion of Dr. Flint the next annual meeting will be held in New York City.

THE ONEIDA COUNTY (N. Y.) HOMŒOPATHIC MEDICAL SOCIETY.—The quarterly meeting of the Oneida County Homœopathic Medical Society was held at the office of Dr. Terry, Utica, N. Y., Tuesday, January 15th, 1884.—Present, Drs. Wells; Watson; Terry; Chase; Laird; White; Hill, of Utica; N. C. Scudder; True, of Rome; Spencer, of Trenton; Brooks, of Clayville; Allen, of Waterville; Palmer, of East Hamilton. The President, Dr. Allen, in the Chair. The minutes of the previous meeting read and approved.

Diphtheria being the topic for discussion, the first paper was presented by Dr. C. E. Chase, on the history, etiology, and symptomatology of diph-

theria, when, as other papers were to be presented, discussion was postponed till the afternoon session.

On reassembling, Dr. Watson called attention to a new work on *Bright's Disease*, by Dr. H. B. Millard, of New York, and said, "This is probably the most thorough and exhaustive treatise upon the subject in any language. The treatment recommended is at once rational and scientific, and fully commends itself to my judgment. It, together with the original microscopic investigation made during its preparation, has gained for its distinguished author the highest encomiums from those well qualified to judge, and also the honor of an election to the *Société Anatomique*, the oldest medical society in France, and one to which no other American physician has ever been admitted. I hope at a future meeting to find time to present a review of this admirable work, and to present some cases of the successful treatment of Bright's disease."

Dr. George Allen read a valuable paper on the "Identity of Laryngeal Diphtheria and Membranous Croup," which gave a thorough review of the arguments for and against.

Dr. Watson said in his experience he had not been able to convince himself of the contagiousness of diphtheria, though he thought every precaution ought to be taken to prevent its spread.

Dr. Scudder had had some experience in the inoculability of diphtheria, as he had been poisoned while making a post-mortem examination, the symptoms of poisoning being followed in a few days by diphtheria.

Dr. Wells thought families who were subjected to bad hygienic surroundings, as imperfect drainage, filth, foul air, etc., were very liable to be attacked by diphtheria.

Dr. Watson said, that the common report of the physicians of Rome, Italy, was that the nastiest, filthiest quarter of the city was the healthiest.

Dr. Chase stated that the opinion of the best authorities seemed to be that exposure to "filth" in any form was not sufficient of itself to produce the disease without the presence of the specific contagion.

Dr. Palmer said, that, though he had had quite an extensive experience with diphtheria, he had not found anything to convince him that it was contagious.

Dr. Hill said, two of his children had the disease in the worst form and died, and he had no doubt he carried the disease to them from some patients he was treating at the time.

Dr. Terry had frequently been attacked with sore throat with membranous formation when attending cases of diphtheria.

Treatment.—Dr. Palmer, being asked his experience, said he had found four or five remedies upon which he could depend, Aeon., Bell., Bry., Merc. bin., and especially Nitric acid; in some cases he used as a gargle Kali bich., two or three grains in a glass of water, though other cases in which he used no gargle got along quite as well without. He used the pure nitric acid in water, strong enough to give a slightly sour taste.

Dr. Wells strongly recommended Baptisia for the febrile symptoms, and found that Kali bich. in many cases would clean off the membranes readily.

Dr. Terry found Merc. bin., Phyt., etc., to act very nicely in ulcerated throats, but in diphtheria he depended on the local use of sulphurous acid, with chlorate of potash or chloride of iron.

Drs. Hill and Watson also depended largely on sulphurous acid and chloride of iron locally.

Dr. Watson said, the acid also acts well in syphilitic sore throat.

Dr. Scudder uses Kali bich., Merc. bin. 2-3 \times , Phyt., Ars., Bell., locally lime and bromine.

Dr. Terry read an extract from the report of some cases treated by Dr. Dowling in which he used constant inhalations of steam from an atomizer successfully.

Dr. Allen inquired if any one had used liq. calcis chlorinatæ; he had used it with success in one case.

Drs. Watson and Scudder had also used it.

Dr. Hill used alcoholic stimulants quite extensively throughout the disease.

Dr. Watson used them when necessary in adynamic conditions.

Dr. White had obtained good results from Merc. cyanide⁷, and thought she had seen an aggravation from the remedy, producing pains in the limbs. In ordinary sore throats Nux, Amm. mur. and Merc. bin.

Dr. Terry read some statistics of the results of tracheotomy in laryngeal diphtheria, and exhibited a new tracheotome for the instantaneous and bloodless performance of the operation.

Obstetrics.—Dr. Watson mentioned a case of post-partum hæmorrhage seen lately, which he relieved after turning out the clots, by introducing his hand and irritating the inner surface of the womb.

Dr. Wells explained his method of preventing hæmorrhage and hour-glass contraction, by holding back the shoulder and body during a pain or two after the head has passed.

Dr. Brooks thought hæmorrhage more apt to follow lingering labor, from atony.

Dr. Laird had found hot water injections very successful in treating such cases.

Dr. Scudder read a paper on "Neuranalysis," and exhibited an instrument, the galvanic chronoscope, in illustration of his remarks.

Dr. Wells read an interesting paper on the "Principles of Medicine."

It was decided that the subject for discussion at the next meeting should be puerperal diseases.

Adjourned to the third Tuesday in April.

THE INSANE ASYLUM QUESTION IN MASSACHUSETTS.—From the *Boston Morning Journal* of February 14th, we learn that on the day previous to its issue, the Committee on Public Charitable Institutions of the State Legislature gave a hearing on the question of making further provision for the insane, and also as to whether or not such provision shall be by law under control of homœopathic physicians. Dr. I. T. Talbot of Boston took charge of the presentation of the case of those in favor of such legislation, and called first upon Representative Chamberlain of Cambridge, who said that, although not what might be called a homœopath, he thought that the large class of people who do believe in that form of practice have rights which should be regarded, and ought to be allowed to place their relatives or friends, if necessary, under homœopathic treatment. That was the only point which he desired to urge upon the committee, with the further suggestion that the institution at Westboro' should be given up for that purpose.

Dr. Talbot then addressed the committee. He said: It has been a grievance for many years with a large and growing class in this Commonwealth that if they, or any of their friends, should become insane, and should be obliged to enter an asylum therefor, they would be compelled to submit to a system of medical treatment in which they have not only no confidence but for which they have a strong repugnance. The Massachusetts Homœopathic Medical Society have by resolution asked the legislature to abate this grievance and to furnish homœopathic treatment for the insane who are under the charge of the State, and for whom it may be properly desired. Dr. Talbot then made a statistical presentation of the facts of the progress of homœopathy, and showed its present legal status in Massachusetts and in other parts of the United States. Continuing, he said the first hearing on this petition before the Committee on Public Charitable Institutions was held on March 10, 1882. The petition was, "That homœopathic

treatment should be furnished to the insane by the State." This was supported by the names of more than seven thousand prominent citizens resident in forty-eight different towns and cities of the Commonwealth, and among them were some of the heaviest tax payers, merchants, manufacturers, bankers, and members of almost every trade and profession. Many physicians who did not believe in homœopathy favored this petition, considering it obviously just and right that each person should be allowed to have such medical treatment as he might choose. The committee made a favorable report, which appears as House document No. 238, 1882, and referred the matter to the governor and council to devise some suitable plan. The second hearing was before the governor and council in August, 1882, at which several allopathic physicians were present as well as trustees of State insane asylums and members of the State board of health, lunacy and charity. This resulted in the favorable report presented to the legislature by Governor Long. This was further considered by the Committee on Public Charitable Institutions of the last legislature, who gave two hearings, and I believe unanimously favored the use of the Westboro' buildings for the purposes of a homœopathic insane asylum. Some complications arising in regard to other institutions the report was referred to a joint special committee, which, after an additional hearing and careful consideration of the subject, framed the report which has been referred to you. We now ask for a separate homœopathic insane asylum, and in doing so your petitioners do not seek any special favor, but only desire the same consideration which has been extended to the allopathic or dominant school but from which the homœopaths to this time have been excluded, and to which, from their numbers and respectability, they feel that they have a certain right. The establishment of such an asylum cannot in any way be considered an experiment, since the State of New York has established at Middletown a homœopathic insane asylum similar in character to that asked for by this petition. It is now in its fourteenth year, and has proved so successful that the asylum for chronic insane at Binghamton has also been placed under homœopathic management, and it is proposed to erect a third homœopathic asylum in the northeastern part of the State. The State of Michigan is at the present time building a new asylum in which the treatment is to be homœopathic.

The establishment of an insane asylum in the State buildings at Westboro', while it would not meet the highest ideas of those most interested, yet it seems to be an economical method for the State to pursue. It would relieve the crowded condition of existing hospitals, would satisfy the earnest demands of your petitioners, and would stimulate a healthful and generous rivalry among these asylums for the best care of the insane. By such means we would hope to make the large and expensive buildings, now worthless for the purposes for which they were erected, especially valuable to the State and to the poor unfortunates who appeal to us for the tenderest care and the most strenuous efforts for their relief and cure.

Dr. Talbot presented a statement from Dr. Selden H. Talcott, Superintendent of the State Homœopathic Asylum for the Insane at Middletown, N. Y., in which statistics were given compiled from the annual report of the Board of Charities of that State. In the State lunatic asylum at Utica, N. Y., the Hudson River State Hospital for the Insane, and the Buffalo State Asylum, all under allopathic care, the percentage of recoveries to the number admitted was 25.37; of deaths to the number treated, 6.49; in the Middletown institution, under homœopathic care, percentage of recovery to number admitted, 40.59; of deaths to number treated, 4.39, all during the year ending September 30, 1883. In reply to questions, Dr. Talbot said that he did not understand that the allopaths would consent to a joint management of any asylum with the homœopaths; if the building at Westborough should be converted into a hospital for the chronic insane, the

petitioners would not care to have charge of it; they want to take a part charge of the acute cases.

The case for the petitioners was then closed. For the remonstrants Dr. Alfred Hosmer of Watertown said that whatever homœopathy may be, it is not universally accepted, and therefore its adherents form a section, a sect, and the proposed legislation would be legislation against one sect in favor of another, a proceeding entirely contrary to all precedent. Further, that the boards of trustees of the present hospitals must select the best men, and to open the field to homœopaths would hamper the trustees in their action. In answer to questions, Dr. Hosmer said that he knew nothing about homœopathy as it exists to-day; he would object decidedly to sending a member of his family to a hospital entirely under the care of homœopathic physicians; he admitted that there are no homœopaths on the medical staff of any of the State institutions, but he did not know why such was the case. If the Massachusetts Medical Society should present such a petition as that under consideration, he should oppose it as decidedly unwise, in that it would exclude one class for the benefit of another. He should not object to see homœopathic treatment of the insane, but did not think special legislation necessary for it, nor should the experiment be tried under the auspices of the State.

Dr. Francis H. Williams of Boston, in opposition, enlarged upon the idea of class legislation; the only thing to be done is for the State to establish its asylums in the same method as that already pursued and to secure for their supervision the best talent that can be had. It has been said that there is a very large and very rich class of people who wish for a homœopathic hospital; if they are so wealthy there is not the slightest objection in the world to their establishing a private asylum. Dr. Williams argued that the medical profession is well known to be eager to find and adopt any new methods of treatment which will inure to the benefit of patients, but no such new method has as yet been advanced by the homœopathic treatment of the insane, unless they have some secret means, and that would be contrary to all rules of humanity and professional courtesy.

Col. Charles R. Codman spoke in favor of the petition, combating the arguments of class legislation, and arguing that, as the State undertakes to furnish the people with medical treatment and instruction, the State must determine by experiment the system which it is best to encourage. This new school of medicine has already been recognized by the State by the charters granted to homœopathic institutions. The figures, wherever taken, whether in Europe or America, in Massachusetts or Boston, point to the success of homœopathy; it may be that statistics are misleading, but it is a little singular that all of these figures should be on the one side; were they on the other, we should have heard of it this morning with a great flourish of trumpets. The reason why both schools are not found in our institutions is that the "regulars" are forbidden by their rules from consultation with homœopaths; what chance is there then for homœopaths? Col. Codman answered at some length the statements advanced in opposition, after which the hearing was closed.

DEATH OF ROBERT B. TOLLES.—Mr. Tolles, perhaps the most distinguished manufacturer of microscopic objectives in the world, died in Boston, Mass., on the 17th of December last.

DECEASED.—**KELLER.**—January 31st, 1884, at his residence, Glenville, York County, Pa., Henry S. Keller, M.D. (Hahnemann, Philadelphia, '71), aged 61 years and 5 months.

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GUIDING SYMPTOMS FOR THE USE OF TABACUM AS A REMEDIAL AGENT.

BY H. N. GUERNSEY, M.D., PHILADELPHIA, PA.

TABACUM, that terribly-misused drug, is really one of the most useful therapeutic agents in all the *Materia Medica*. Noack & Trinks' *Manual*, published many years ago, gave the profession quite a good idea of the genius of the remedy, and it has been growing in favor, in the art of healing, ever since. Allen's *Encyclopadia* of the pure *Materia Medica* gives us a very complete and comprehensive display of its pathogenesis, by one hundred and seventy-five provers, covering nearly thirty-two pages. In making these provings, clysters, injections, tinctures, olfactions, application of the leaf to the skin, and smoking were used.

In this paper I propose to present a sort of digest of this valuable medicament, by relating my experience in recounting what to me are its guiding symptoms.

In the first place, I always think of this remedy in cases where tobacco has been used to excess; and where there is despondency, gloom, apprehension of sudden death; fear of death, yet attempting suicide. Gloom, fear, apprehension and anxiety characterize the mental symptoms of this drug. Also, great timidity, fear to undertake what one has frequently done, and difficulty in concentrating the mind for any length of time on one object. Confusion of ideas. Cannot listen to a lecture or a sermon. Cannot read or study. Cannot take in the sense of what one hears or reads. I have frequently prescribed it most successfully to those medical students, who had worked hard in their studies and smoked hard, but finally could not hear with comprehension nor study any longer.

Persons are frequently taken with weak and faint spells, they fall to the ground, nearly or quite unconscious, and break out in a cold perspiration, and become deadly pale. They are picked up by some one and resuscitated, when sooner or later the same scene recurs.

We will sometimes be called to a child, lying in a soporous condition, with the eyes half closed, with a staring look, dilated pupils, trembling of the limbs, rapid respiration, violent beating of the heart and carotids, dry mouth and lips, profuse and cold sweat, and deathly pallor of the face.

I always think of this remedy in cases of total loss of consciousness, or coma, with extreme paleness of the face and cold sweat; pulse small, weak and soft, sometimes insensible.

We often find persons complaining of much vertigo, heaviness of head, headache; confusion of mind, relieved in the open air; loss of appetite, feel weak, bad taste, look pale, may be costive.

In *all* cases of defective vision in those persons who luxuriate in tobacco, I am sure to compare their symptoms with the pathogenesis of this drug. The eyeballs are injected, the cornea is dim and covered with mucus; must wipe it out frequently. The sight is confused, with double vision. Sensation of pressure upon the eyes. The pupils are decidedly dilated. The sight is often very dim, often amounting to almost blindness. It is wonderful how soon Tab.^{2c} will clear up these cases.

Dulness of hearing and noises in the ears are also amenable to the kind influences of Tab.^{2c}; also, violent earache and jerking and tearing pains in the ears.

Tobacco causes epistaxis, catarrh, with a sensation of *crawling* in the nostrils, and it also impairs the olfactory function.

The face of tobacco is pale, very pale, deathly pale, with drawn or distorted features, and often covered with a cold sweat; deeply sunken eyes, surrounded by blue rings. Violent tearing in the bones of the face and teeth. Cancer of the lips in old smokers. The lips crack, become swollen, and covered with a brown crust, and are very sensitive. I have cured many of these cases with Bry., which I know is a great antidote to some forms of tobacco poisoning. But the above condition of the face always indicates Tabacum. The sufferings in the teeth resultant from the excessive use of tobacco are frequently fearful. Also, the mouth suffers with a burning sensation; salivation more or less profuse; bad taste in the morning, often bitter, and one declares that he is very bilious, when it is a pure case of tobacco proving. The speech often

becomes difficult, and sometimes quite inarticulate. The throat becomes dry and choky; mucus collects there, which is difficult to raise. Uvula becomes œdematous; a burning rawness and scraping is felt in the pharynx; swallowing becomes difficult.

The appetite may be much increased, even to bulimy, though usually it is greatly diminished, or wholly lost; rather a disgust to food. Sour, hot eructations; small portions of food are eructated; very loud, noisy eructations continue all day. There is much nausea, almost incessant; often with faintness and vertigo; this nausea is often much increased by the least motion. Violent vomiting, sometimes in the morning before breakfast; vomiting of watery liquid, sometimes tasteless, sometimes bitter or sour, and the patient again declares he is bilious, when it is only too much tobacco.

There is often a sensation of sinking, weakness, or a relaxed sensation about the stomach; much distress of various kinds about the stomach, such as burning, cramps, sudden shocks on falling to sleep, violent pain, etc.

The liver often becomes enlarged and sensitive, and a little pressure upon it sends pain to the pit of stomach; stitching pains are often experienced in the liver, and the patient is sure he has liver complaint, and the doctor assures him that it is a fact, but the cause, *too much tobacco*, is not divined, and the patient gets worse and worse.

Pain about the umbilicus, with cramp-like retraction of the navel; much flatulency; loud and constant rumbling; distension of the abdomen, with horrible pains coming on in paroxysms, these paroxysms of pain are often reproduced by eating, still the patient will eat, he is so hungry. Violent colic, and shocks, like electric shocks, arouse one on going to sleep; retraction of the abdomen with severe pain. Nephritic colic when the obstruction is in the right ureter; then there is great paleness of face, cold sweat, vomiting, often fainting spells, great exhaustion. (Kali. c. is on the left side.) Stitching pains in abdomen, in genital organs, urethra, *mons veneris*, *labia majora*. Frequent micturitions, etc. Climateric troubles when there is much mental confusion; head feels giddy; one feels weak and faint.

Morning diarrhœa watery, painless; in many cases stools resemble those of cholera; stools often involuntary. Tobacco also produces unrelenting constipation. Stools often like those of a sheep, and discharged with much difficulty.

The urine is discharged too frequently and in too large

quantities, of light color, often with burning and prickling pains.

The voice becomes weak and hoarse. Frequent, dry cough, sometimes cough and hiccough at the same time. The respiration may be rapid, or slow and difficult; and sometimes sighing, often much oppressed.

Sensation of great tightness and constriction about the chest, so that one can hardly take a deep breath. Stitches obtain in the chest in a marked degree, when breathing deeply.

The action of tobacco in the region of the heart is very marked. Many smokers are obliged to discontinue its use from bad sensations produced there. One case came under my observation, where organic disease of the heart and Bright's disease of the kidneys and subsequent death came from smoking. Of this we had incontestable proof. Many cases of severe palpitation, muffled sounds and a feeling of suffocation about the heart came from the use of tobacco. *Tabacum*^{2c} often relieves these cases, but they can never be cured without abandoning entirely the use of tobacco. Pulse is often soft, full, and feeble. Pulse usually small, often very slow, weak.

Stiff neck, neuralgic pains in the neck, with tightness in the throat. Much pain in the small of the back and loins, usually relieved by walking.

Great weakness and trembling of the extremities, which are often bathed with cold sweat. Difficulty in walking; knees give out; trembling of the legs and feet; can scarcely get up stairs.

The pernicious effects of tobacco upon children cause pallor, chloro-anæmia, palpitation, and troubles of digestion. These effects are incurable so long as the habit is continued. Children, addicted to tobacco, are of inferior intelligence, and have a taste more or less pronounced for strong drink. Those who drop the habit before organic lesions are produced, recover perfectly. The offspring of those who indulge in the luxuries of tobacco, are predisposed to various cerebral affections, and are inferior, mentally and physically, to their progenitors. Hence, when children, whose fathers use tobacco to excess, become ill, I take note of the fact how far-reaching are the deleterious effects of tobacco.

Sleepless nights, emaciation, marasmus, fearful jerking and twitching in one's sleep and during the day, paralysis, tremblings, spasms, violent convulsions, great debility, prostration, restlessness, cold sweats, extreme pallor, so-called bilious spells,

all follow the indulgence in tobacco. Fainting spells, attacks of syncope with cold perspiration, are quite common.

Itching pimples of a red color often trouble the patient, particularly on the lower extremities, and he is compelled to throw off the covers, because the heat of the bed renders covering intolerable. Violent itching of the whole surface, worse when warm in bed. Vesicles appear on the body, surrounded by red areolæ, and filled with yellow liquid.

Sleep, stupefaction, and profuse perspiration. Sleepiness is the prevailing tendency of tobacco; profound sleep; coma. Restlessness. Sleeplessness and disturbed sleep also, though in a less-marked degree.

Chilliness, with cold sweat, cold skin, shivering and shaking. Much fever, hot dry skin, heat and perspiration. Much perspiration, mostly cold; cold perspiration is characteristic of this drug. Very profuse perspirations so as to wet the bed through, as if a quantity of water had been poured on to the patient.

About ten years ago, a gentleman from Washington called on me. He was utterly unfit for business, thin, weak, had no appetite, slept badly, had no confidence in his abilities, and could find no one to help him. Had been a great smoker of tobacco, but now smoked very little; did not care for it much. A few doses of *Tabacum*^{2c} made a new man of him in every way in a very short time. For over nine years past, he has enjoyed perfect health, and is conducting an immense business.

Recently, an aged gentleman called on me to obtain relief of an intolerable itching in his legs. He has been for years a great tobacco chewer. This rash has troubled him much at night for years, and no other relief has been obtained, but to lie with his feet and legs uncovered. The cold air stops the itching. *Tab.*^{2c} quite cured him for a time, but he would not stop chewing, and the red, itching rash has returned. I gave him more *Tabacum* last week, and urged him to desist from the chewing of tobacco.

So I might continue to relate cases, but I will make a brief summary of the above, and close the paper.

I think of tobacco, particularly if there has been over-indulgence in its use, in—

Mental confusion, with vertigo.

Loss of confidence in one's abilities.

Nasal catarrh, with a sensation of crawling in nostrils.

Impaired vision.

Face deathly pale, cold, and covered with perspiration.

Violent electrical shocks seem to run through one.
 Hiccough after every paroxysm of whooping-cough.
 Suffocating spells, seeming to come from the heart.
 Constant palpitation of the heart, with faintness.
 Renal colic; obstruction in right ureter.
 Colic, with retraction of navel or abdominal walls.
 Much vomiting; morning vomiting with faintness, cold sweat.

Morning diarrhœa; inveterate constipation.
 Rash on legs; itching relieved by exposure to cold air.
 Nausea aggravated by motion.
 Pain in back relieved by walking.
 Great heat aggravates all the symptoms; exceptional.
 General amelioration in the open air.

Tobacco, as a luxury, decidedly opposed to **SANITARY SCIENCE!**

A NEW METHOD OF TREATING SPRAINS.

BY THOMAS L. SHEARER, M.B., C.M., EDINBURGH; BALTIMORE, MD.

EVERY one who has had severe sprains to treat, must have been at times annoyed by the slowness of recovery of the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, etc., of these institutions, do not object to prolonged treatment; but among the wealthier classes in private practice the surgeon must often hear complaints that the case is so long and tedious in recovering. The writer has had a considerable number of sprained limbs to treat, and having become dissatisfied with the plans usually employed in such cases, was led to a new agent, viz., clay. The clay is simply that used in the manufacture of bricks, freed from gravel, dried and pulverized in a mortar so finely that an almost impalpable powder results.

The sprained part is dressed as follows: Mix the powdered clay with water, so as to form a thick and moist consistence. This is spread about a quarter of an inch in depth on a strip of muslin, so as to encircle the entire injured area: *i. e.*, around the limb. Over this is applied a rubber roller bandage, just tightly enough to keep the dressing moist and retain it in place. Every twenty-four or thirty-six hours the dressing is removed. Gentle friction with the hand, moistened with tepid water, is employed, and the clay reapplied as above described.

In advocating this plan, the writer, of course, insists upon

absolute rest of the part and places it in the elevated position for some days. No doubt plaster of Paris does all this latter part of the treatment, but it has several disadvantages, viz.: 1, It is annoying to the patient; 2, the surgeon does not see the condition of affairs; 3, it takes much longer to bring about a good result; and 4, it tends to leave an undue amount of stiffness in the part which can only be relieved by cold douches, passive motion, friction, etc. The treatment is thus prolonged. In the clay method, a little friction is used each day; the dressing is removed and the patient enjoys a respite for a few minutes for which he is very grateful indeed. The limb, though at rest for long intervals, is thus put in a condition to ward off after-stiffness to a great extent, and the patient bears the application better, as is evidenced by the good rest and repose throughout the treatment. It may be as well to relate a few cases in illustration.

CASE I.—Dr. T—, æt. 58 years, was thrown from his carriage, and in addition to other injuries received a severe sprain of his right ankle, which completely incapacitated him from motion of any kind. The part was swollen, hot, tense, throbbing, and exceedingly painful. The dressing, as above described, was applied, and in twenty-four hours the pain was almost entirely gone, the swelling having to a great degree subsided. The case was dressed daily, and in eight days he was going about attending to his professional duties. The part was painless and had become normal in every respect.

CASE II.—Mr. McC—, æt. 60 years, slipped and sprained his ankle so severely as to confine him to bed. This patient, under the clay treatment, had entirely recovered in ten days after the accident.

CASE III.—Mrs. A—, æt. 74 years, in stepping from her carriage missed the stepping-stone and twisted her left knee violently. She was in great agony the rest of the day and night, and as the accident occurred in the country I did not have an opportunity of seeing her until the day after this. The knee was found on examination very much swollen, tender, hot, and intensely painful. Pressure over the ligaments caused the sufferer to scream out loudly, and any movement of the joint was an impossibility. The dressing was applied, and next day's examination revealed this: the swelling was much less; not so much tenderness on pressure, and the pain was almost nil. For nine days the daily dressing was continued, at the end of which time she was able to move about her room.

The writer could cite other cases, but it would be repetition as far as results go. If the clay be mixed with Extract of hamamelis, instead of with water, the effect is much better. The surgeon should also give some remedy internally to assist the cure. Rhus is said to be especially suitable in sprains of ligamentous parts and tendons and fasciæ, occurring in robust persons and having the especial Rhus characteristic that the pain is felt most when the parts are first moved, and becomes easier as the motion continues. But Arnica is a capital medicine for sprains where the surrounding muscular fibre is also affected, *i. e.*, strained or bruised. Hughes recommends these in such cases. Some ten years ago Dr. Hewson of Philadelphia introduced earth as an agent in the treatment of fibroid tumors of the uterus. He also suggested the sprinkling of burns with the dried earth, claiming that the tendency to deformity was lessened in these cases. However, I am not aware that anyone has ever introduced clay as a remedy for sprains. It might not, perhaps, be amiss to mention in connection with the subject the fact that the clay, dried and powdered, has also another application which infringes somewhat on Dr. Hewson's hint. When sprinkled on the surface of ulcers and adhesive straps applied over it, it makes a capital dressing for those cases which are so weak that even the weakest ordinary applications tend to destroy the granulations. It was thought advisable to lay these few remarks before the profession, as the method of treating sprains had been well tried and turned out so successfully.

TREATMENT OF GASTRIC ULCER; WITH A CLINICAL CASE.

BY J. B. S. EGEE, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

MY paper on the treatment of this malady will necessarily be brief, because it is only within a comparatively recent period that it has been diagnosed and treated as a separate and distinct disease.

I will in a few words outline the allopathic mode of treatment for this trouble. The earlier writers regarded the use of Nitrate of silver in the form of a pill, combined with Opium, as very efficacious. In conjunction with this, leeches were applied to the epigastrium for the purpose of counter-irritation. Latterly, the use of the salts of bismuth, varying from ten to twenty grains, in combination with Opium, has been more in vogue, and is believed by many to promote the

healing of the ulcer, besides relieving pain and vomiting. Some still believe in the efficacy of Nitrate of silver, but, in addition thereto, advise a careful use of the carbonated alkalis. To effect counter-irritation, dry cups are considered advisable.

For the homœopathic treatment, I will quote the list of remedies recommended by Dr. Raue in his latest work: *Arg. nitr.*, *Arsen.*, *Atropin*, *Carbo veg.*, *Conium*, *Ferrum*, *Kali bichr.*, *Lyc.*, *Mezer.*, *Nux vom.*, *Phos.*, *Sepia*, *Sil.*, *Sulph.*

I wish to call the Society's attention to the indications of a few prominent remedies:

Arg. nitr.—Pain below the xyphoid process, in a small place, extending to a corresponding point in spine, where pressure aggravates it.

Atropin.—Pressing pain after eating, and vomiting of acrid, sour masses, which set the teeth on edge; hard swelling in the region of the pylorus, just above the navel, towards the right, very sensitive to touch; excruciating pain in the stomach; constant vomiting; deadly paleness of the face, with cold perspiration; hands and feet icy cold; pulse very small; peritonitis, in consequence of perforation of the stomach. Compare Bell.

Hamam. is suited where there is hæmorrhage; blood black; violent throbbing of the stomach, also trembling; soreness of the abdomen; tarry stools. Complementary to *Ferrum*.

Kali bichr.—Ulcers are oval; they corrode and become deeper without spreading in circumference; pressure and heaviness in the stomach after eating; giddiness, followed by violent vomiting of a white, mucous, acid fluid, with pressure and burning in the stomach; vomiting of sour, undigested food; of bile, with pinkish, glairy fluid; of blood, with cold perspiration on the hands; burning in the stomach; heat of the face. All of which symptoms decidedly suggest its application in the round, perforating ulcer of the stomach.

Lyc.—Earthy color of the face; rising of sour, acrid fluid; vomiting of sour water and mucus; fulness of the stomach and abdomen; pain in the stomach after eating; rumbling and gurgling in the abdomen; constipation; scanty urine; worse from sitting bent; better from rising and walking about; no pain at night when warm in bed.

Mezer.—Constant violent pain and pressure in the stomach after eating, no matter what, even simple things like broth, milk, bread; a constrictive, squeezing pain, with much belching, from one to two hours after eating; the pain reaches its

height and ends with vomiting and gulping up what has been eaten; constipation; circumscribed redness of the face; skin cool; pulse very small and frequent; chilliness, alternating with flushes of heat.

Phos.—Regurgitation of food by the mouthful without nausea; regurgitation of drinks as soon as they have become warm in the stomach; excessive acidity; flatulency; constipation; hæmorrhage from the stomach, better from drinking cold water, or even sipping ice-cold milk, or taking small quantities of ice-cream, will control the flow of blood and give great relief. There is a case reported by Dr. Hoynes, in Hoynes's *Clinical Therapeutics*, vol. i., that was cured by the continuous use of *Phos.*⁴ for three months. The pain in the stomach was terrible. The patient would throw herself upon the floor, resting on knees and elbows; she would vomit bloody, purulent masses; menses had not made their appearance for nine months.

Uranum nitricum is a remedy which ought to be considered as specially adapted for gastric ulceration. It produces a similar pathological condition when given hypodermically to rabbits and cats, but its real place in our *Materia Medica* will have to be determined by a more complete proving. It resembles in its action on the stomach *Kali bichr.* and *Arsen.* The following symptoms are hints to its uses: Vomiting of sour, watery fluid, or of blood; tasteless or putrid eructations; burning, gnawing pains, in paroxysms; great thirst; no appetite; hopelessness; stytes on the left upper eyelid; frequent urination, worse afternoons; desire to urinate immediately after having done so; constipation; extreme debility and languor; ill-humor; vomiting white fluid. Dr. Drysdale reports, in the *British Journal of Homœopathy*, vol. xxvii., p. 306, 1869, a case of gastric ulcer, in a chlorotic woman aged 19, as cured by this drug in the 1^o trit. Dr. Blake, in his monograph of this remedy, speaks of a case of recurring hæmatemesis from gastric ulcer, not vicarious, that was quite cured. It will no doubt prove a valuable drug for the cure of gastric ulcer.

CASE.—In the early morning of the 28th of March, 1878, I was called to see a Mrs. B., a stout elderly lady (age 54) of sallow complexion, who had been suffering for ten hours with intense burning, gnawing pains in the pit of the stomach, sometimes radiating to the back between the shoulder-blades; great thirst, with vomiting after drinking; extreme soreness to

touch and pressure; felt faint and nauseated when sitting up; everything tasted bitter; constipation. Supposing it a case of chronic gastritis, I prescribed Bry. 6ⁿ in pellets every fifteen minutes.

10 A.M. After taking two doses, she went to sleep, and had just awakened when I came. Upon investigating more thoroughly, I concluded I had a case of gastric ulcer, although there had as yet been no hæmorrhage. The facts of the case were as follows: She had had for the preceding five weeks a constant gnawing pain, which would be much increased directly after eating, and would remain there a longer or shorter time, according to the digestibility of the food. Frequently she had vomiting of a sour, watery fluid, sometimes "tasting like yeast smelled." There was a very sore spot below the ensiform cartilage about the size of a silver dollar, and great tenderness to touch. It was there where she would locate these severe paroxysms of pain, and they would seem to radiate to the back and between the shoulder-blades. She had weighed 205 pounds, but had lost 25 pounds during the past three weeks. She supposed she had dyspepsia, but had experienced no relief from the various preparations which kind friends and relatives had recommended. Leaving some Bry. 30th, and instructing her to eat beef broth and soda crackers, I left with a presentiment that the case was but temporarily relieved.

March 31st, 5 A.M. She had retired the evening before seemingly much improved with the exception of that fixed sore spot, when she awoke with taste of blood in the mouth. She had half filled an ordinary teacup with dark-red blood, which seemed to come in small gulps in the mouth, and each gulp seemed to relieve the epigastric soreness. Great prostration, more than seemed justified by the loss of blood. Desire for cold things; no fever. Phos. 6th potency in pellets. Cold water was vomited when drank, but ice-cold milk with brandy could be sipped. This was the beginning of a long siege of great suffering. For ten weary weeks the case got from better to worse, and my patient was reduced to a shadow of her former self, and was utterly prostrated, both mentally and physically, and she was willing and prepared that death should give relief, as she had given up hope after the first week. It would be a needless waste of your valuable time for me to give in detail all the varying daily experiences. It will suffice to say, that of all the remedies used, Phos. and Hamam. were the only ones that seemed to be of any benefit, and their action was only temporary. There was not a day without some hæmorrhage,

from a teaspoonful to two teacupfuls, with the exception of one week, and four days of that there were tarry stools. She lived on ice cream and ice-cold milk and brandy; no solid food nor broth of the simplest nature could be borne on the stomach. So you may well suppose, my case seemed without hope, but an apparently trivial incident of her youth directed me to the use of a remedy which might bring the much wished-for relief. She spoke of having had in her girlhood very many styes on her eyes, which only ceased appearing in her twentieth year, when she supposed she had outgrown them. She had noticed during the past week an increased frequency in passing water, especially afternoons, which she had not had since the change of life. I have been accustomed to prescribe *Uranium nitr.* for styes, because when experimenting with this chemical in my student days I could produce crop after crop of them. They would come principally on the left upper eyelid. In connection with them, this frequent urination, worse afternoons, would trouble me exceedingly. On these slight therapeutic hints I examined further Dr. E. T. Blake's valuable essay on *Uran. nitr.* in "The Hahnemann Materia Medica, Part II.," and found that the drug had produced a diseased condition of the stomach in nine rabbits and one cat, and true pyloric ulceration was produced when given hypodermically in three rabbits and one cat. I therefore prescribed with some hope $\frac{1}{4}$ -grain powders, 2^x trit., every three hours. Next day I was told she had taken two hours before a small cup of warm beef broth, and felt no distress from it, and that there was no hæmorrhage since taking the second powder.

June 10th, 10 A.M. Still improving; no hæmorrhage; bowels moved naturally; had taken four cups of beef broth and double the usual quantity of milk and brandy; urinary symptoms the same. 11th, 9.30 A.M. Having complained yesterday of putrid eructations, directed less food to be taken. Left upper eyelid had five styes beginning to form, while the urinary trouble was increased very much, and in addition to that she felt an inclination to urinate immediately after having done so; no hæmorrhage, no fever; sleep disturbed by the eructations; did not feel quite as strong as she had. Evidently some of the effects were due to the remedy, so I prescribed *Uran. nitr.*, 30th dil., in water, which she could retain.

12th, 10 A.M. Slight hæmorrhage (teaspoonful); styes troublesome; no stool. Continued same medicine.

13th, 9.15 A.M. Much improved; natural stool, no hæmorrhage; styes disappearing; urinary symptoms gone; sleep

better; eructations gone; no fever; still quite weak. Continued the same medicine.

From this time forward there was a gradual gain, so that by two weeks more she could move around the room, and could eat some solid food, although there still remained considerable soreness. In one week more she took short walks, and weighed just 105 pounds, having lost over 100 pounds since first taken sick. She spent over two months in the country, and came home feeling and looking well and hearty. Weight 155 pounds.

The medicine was still continued in the 200th potency, a dose every three days. There was slight tenderness. Had been no hæmorrhage.

May 12th, 1879. She was taken again with a similar attack, but had only slight hæmorrhage, and in the course of two weeks was so much better that she could remain all summer in the country. *Uran. nitr.* 30th was used, and controlled the attack admirably.

November 19th, 1879. Was sick for ten days. She had tarry stools, only two, with great soreness and loss of strength, but she improved rapidly under the 30th potency, since which time she has had no sickness of any kind, with the exception of four small carbuncles in the spring of 1883. Her weight last fall was 175 pounds, and no one would ever suppose she had had such a serious trouble with the stomach. There has not been the slightest epigastric soreness since the attack in November, 1879.

In conclusion, I would state that this remedy far exceeded my expectations, and deserves a careful and extended proving.

CLINICAL CASE—GASTRIC ULCER.

BY THEO. J. GRAMM, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

Miss E. M., æt. 30, came under treatment in September, 1881, complaining that a short time after eating, generally within twenty minutes, she has distressing fulness and oppression, with pains in the pit of the stomach and toward the right side, which are described as dull, pressing, gnawing and burning, especially in one spot in the pyloric region; also crampy and twisting pains. These pains increase until they become almost unendurable, and after continuing for a variable length of time she has a diffused burning in the abdomen, and a pro-

fuse discharge of clear water from the mouth, sometimes acrid and excoriating. Usually, however, she does not permit her suffering to continue so long, but induces vomiting by irritating the fauces, and thereafter she has more or less relief. The vomited matter is either just as it has been taken or is intensely sour, excoriating the mouth and tongue; occasionally it is yellowish or greenish and bitter. These spells occur with greater severity after partaking of any other than the simplest diet, and are apparently independent of everything save eating. She desires to eat, food tastes as it should, but she must refrain from eating on account of the terrible consequences of an indulgence of her appetite. If she has had such an attack, as above described, in the morning or after the mid-day meal, she does not eat any more that day, and is in a most exhausted and uncomfortable condition.

The tongue is red and clean and sometimes of a bluish color. As a rule her taste is comparatively good, sometimes sour or bitter if she has recently vomited, when the tongue has a burnt or scalded feeling.

In addition to her pains in the abdomen which are in the pit of the stomach and especially in "a small spot on which she can place her two fingers" in the pyloric region, she has constant pain between the scapulæ, sometimes tending toward the left side. Also pain lower down in the back. These pains sometimes go around the left side and across the abdomen.

In addition she is nervous, restless, anxious and timid; has headaches, bruised and heavy feeling, which are < at 9 A.M. and from 4 to 7 P.M. Burning in pyloric region, much worse from taking cold drinks which remain like a heavy load until vomited. Prostration and general sense of weakness.

In point of time the menses are comparatively regular, though pale and scanty, and preceded by dysmenorrhœic pains, going down the limbs, and cramps in the abdomen.

During the interval she has much pain in the back. Yellow or transparent leucorrhœa which has a cold feeling to the thighs. The bowels are as a rule confined.

Twice during the two years in which the patient has been under my care she has had a papular eruption upon the left scapular region, which itched considerably before being fully developed, and disappeared in a few days.

When I first saw this woman she was pale and haggard and her body was quite emaciated, but before her illness she says she was stout.

She has been suffering now for about five years. The cause of her trouble she does not know, except that she remembers that at the time of onset, she being a domestic servant then, she drank tea almost constantly during the day, and often it was very hot. This woman has not suffered from frequent hæmetemesis during the time she has been under my care, and only in the beginning has there been this exhibition of hæmorrhage. Likewise has she no history of cancerous disease.

The diet of this woman during all the time of her illness has been peculiar: namely, very stale bread, lean roast beef, hot or cold, weak tea, and after improvement set in, Epp's Cocoa, prepared with water instead of milk, was added. To this diet she has been compelled rigidly to adhere, since any variation however slight was invariably followed by very painful consequences.

TREATMENT.—Since her illness now of about five years duration this woman has been under the care of both allopathic and homœopathic physicians with but little effect, and when I saw her first she was worse than she had ever been. I set the case down as something more than sub-acute or chronic gastritis. The pyrosis, tasteless eructations, sour regurgitations, pains, rolling in the abdomen, and other symptoms of which I have no record led to the selection of *Hepar* ^{30x}. She returned in the course of a week much improved, and the pains, though continuing, were not so severe. She had been vomiting greenish masses after eating. *Hepar* was continued with good effect for two weeks, when *Carbo veg.* ^{30x} seemed called for by the flatulence, burning in the stomach, worse towards the right side, also in back and shoulders, etc.

A month elapsed when she returned, saying, that, as compared with her former condition of suffering, she was much improved, but the pain toward the right side of the stomach was still present. Desires cold drinks, but vomits a half hour after. Vomiting of sour and greenish substances. R̄ Phosph. ^{30x} continued for three weeks, followed by improvement.

After this, thinking she would like to have a more varied diet, she partook of several things, which she knew were not well borne by her stomach, and suffered severely in consequence. It was at this time that the mental, or rather the nervous symptoms were most prominent; she being cross, irritable, depressed, timid, for which *Nux vom.* ^{3x} was prescribed. After this there was much nervous irritability, nightly restlessness, desire for cold drink, intense burning in the abdomen, greenish vomiting, sour and somewhat bitter.

*Arsenic alb.*⁶² was prescribed, and renewed occasionally during the next few weeks, with marked relief.

The remedies which have been of most service in this case are *Hepar*, *Phosph.*, *Carbo veg.*, and *Ars. alb.* In addition have been prescribed *Nux vom.*, *Lyc.*, *Apis*, *Kali carb.* and *bichrom.*, *Iris*, *Sulph.* and *Robinia*. These remedies were selected entirely as they seemed indicated by the presenting symptoms, and while they were of great benefit in effecting her improvement, the characteristic symptoms of her disease remained, subject to variations.

The patient is still under treatment, receiving a prescription every three or four weeks. Her condition at present, as compared with two years ago, is greatly improved. She is gradually gaining in weight, is much stronger, has more color, can eat more and a greater variety of articles of diet; for a number of months she is not compelled to induce vomiting to get relief from pain after eating, and for an equal length of time she has not felt the pain in one spot in the pit of the stomach.

MANAGEMENT OF CHILDREN.*

BY A MOTHER.

In the wide field of health reform, it is surprising to note the small portion given to our babies.

For the first six months of babyhood, or during the long-clothes period, the system in use with regard to dress and training is greatly in need of reform.

The nurse rules babyland with a "rod of iron," and too many mothers and doctors are swayed by the same power.

DRESS.—A more uncomfortable mode of dressing, could scarcely be invented among civilized people, than that, which may well be called the system of pins and bandages.

In order that an infant can grow healthfully and unrestrainedly, it should have at least some of the freedom of body allowed to "babes of a larger growth."

We ask your attention to a system which, in a measure, abolishes pins and bandages, and while warmly clothing the babe, leaves it free for healthful circulation and digestion. This system has been in use successfully for nine years. During the first two weeks, or until the navel is entirely well, a single muslin bandage is used, not pinned tighter than is nec-

* The writer of this article is a mother of excellent judgment and considerable experience.

essary to protect the navel; this bandage is better torn, not sewed, to avoid the seams or wrinkles. At the end of the time mentioned the bandage is thrown aside. First of the regular clothing is the diaper, in which comes the only pin near the body. The most healthful material for diaper is a soft porous goods; loosely woven cotton-diaper is excellent. The pin used should be long and well shielded.

In place of the linen, or more recently adopted, woollen shirt, we substitute a long gored flannel slip, high-necked, long-sleeved and made wide enough around the neck for a bobbin draw-string, which is the only fastener needed.

Next is a muslin shirt, short-sleeved, low-necked, cut in one piece (as is also the flannel), and fastened with a draw-string.

The outer cambric dress which now follows, may be made to suit the taste of the mother; the sleeves should be long, neck high, and the back free from yoke or sash trimming. It is simple and suits the baby better to put the dresses together and slip on at once, making the dressing time very short.

The freedom for digestion and circulation usually renders this amount of clothing sufficient, but for very cold weather it is well to have a knit sack and long loosely-knit stockings; the latter may be fastened to the diaper with small suspender garters.

At any time the feet are inclined to stay cold, use stockings; the feet and upper body should always feel warm to the touch. In moderately warm weather it is not usually necessary to use the muslin skirt, the two long-sleeved articles being enough. For summer heat a gauze flannel may be used.

EARLY TRAINING.—Teach a babe that it is not to be taken up for crying; when it cries for food, as of course it will, stand over it a few minutes, talking lightly, until it stops, then take it up; this should begin, if possible, the first week of life. The rule about crying is needful in all ordinary affairs. Nothing should be hidden because baby may cry for or spoil it. Accustom a child to see things which it may not have, at the same time with those which it may have. Do not fear spoiling the temper by denying, when needful; avoid a refusal if possible, but when necessary to deny, be firm.

Nurse or feed regularly every two hours, is a good rule. When the babe lies awake, the time may be shortened to not less than an hour and a half. The digestive organs are much strained by frequent and irregular nursing. It will be easy, and generally better, to lengthen the intervals to three hours after the first two or three months.

Never allow any one to hold a babe immediately after nursing; lay it down, not beside the mother, and crying or not crying, let it lie for about an hour; of course first seeing that it is dry and free from any light bodily discomfort. There will not probably be colic if the child is allowed to lie still most of the time for three months.

Have a crib without rocking-attachment, and do not permit rocking, walking or trotting at any time.

Make it a rule from the first to put the babe down awake; in this way it learns to go to sleep alone and happily. If possible, in the day time, have the bed in the mother's room, where all the ordinary household noises go on, and the babe will sleep peacefully through them. Do not shut out the daylight, simply shade one corner of the crib, and keep the babe's head shaded, not covered.

Never waken a babe unless absolutely necessary, and then, it should be roused very slowly and gently. If, after sleeping, the babe wakens before time to feed, have it stop, if crying, then take it up and lay quietly across the lap, or if another change is needed, put it on the shoulder.

Do not allow a sitting posture to be taken until three months have passed, unless the strength of the back is so great that baby sits up himself, which sometimes occurs.

When a babe is fretful, and shows a desire to nurse constantly, especially at night, the mother should arrange for weaning; there is need for stronger food. It is better for both mother and child, if the new food can be thoroughly established before the second summer. It is at least deserving of consideration, that if babes were well started with a nourishing food, stronger than the mother's milk, much of the care and illness thought inevitable during the second summer, might be averted.

These suggestions we offer to all mothers who feel the need of a more healthful happy system for the little ones.

All rules are subject to a mother's discretion.

Sickness crushes into all systems; but we are confident that many of the infant ills might be avoided by the use of thought and care in dress, food and handling during the first six months.

A STUDY OF THE EVOLUTIONS IN FACE PRESENTATIONS.

BY J. N. MITCHELL, M.D., PHILADELPHIA, PA.

(Read before the Homeopathic Medical Society of the County of Philadelphia.)

THE infrequency of face presentations, only 1 in 230, and the large mortality, 13 per cent. in children and 6 per cent.

in the mothers, naturally causes a great dread to the average practitioner when he does encounter such cases. The uncertainty produced by the different opinions given by different authors, as to the management of such cases, still more perplexes and adds to the anxiety of the attendant. These very facts, however, of the large percentage of deaths to both mothers and children and the difference of opinion amongst authors make the subject one of great interest to the obstetrical student. A study of the works of writers in the past reveals the fact that up to comparatively recent times, this presentation was considered to be one totally unnatural, and one with which nature unaided was entirely unable to cope, hence we find the writers teaching that all efforts are to be made to avoid such a presentation; if the attendant sees the case at an early stage and finds a face presenting, he must not allow it to advance into the pelvis in that way, he must make efforts to push the chin up, to pull the vertex down, or failing in these efforts, he must not hesitate to produce a version and convert his face into a breech. If he does not see the case at the early stage, and the face has not only engaged but descended into the pelvis, he is counselled immediately to make efforts to produce a flexion. Some of the methods suggested by these authors are so dangerous and so severe, that we cannot but think that the high rate of mortality is partially explained. Among the more modern authors, we find a somewhat more conservative spirit, but few, if any, have sufficient faith in the powers of nature to leave the case to nature, hence while they do not teach the necessity of performing version, nor the necessity of forcing a flexion, and indeed rather teach the avoidance of such radical and unnecessarily meddlesome methods, still the majority of them advocate and recommend that attempts be made to rotate or help rotate the chin around under the symphysis pubis, evidently having no faith in nature unaided to produce this rotation. These facts have led me to think that a study of the evolutions of a face presentation might be of benefit, and might produce discussion and experiences among us. Although we are in the habit, all of us, both in our general talk and our teachings, of repeating the different positions of the vertex, 1st, 2d, 3d, and 4th, as though these were the accepted order of the positions, accepted by and believed in by all obstetricians, yet we are all of us aware that much discussion is held about them by different authorities, and that not one of them is accepted by all except the so-called first, when the occiput presents to the left anterior.

Discussion being then so frequent about these more frequent positions, when each observer has plenty of cases from which to form his judgment, naturally there is still greater doubt expressed about the different positions of the face.

In a full comprehension of the mechanism of labor in such cases, however, it seems to me to be very necessary for us to arrive at something like a conclusion as to the frequency of the most difficult position the face is supposed to assume, since it is this position that causes the greatest anxiety to the attendant. I refer, of course, to the chin posterior cases. It is accepted by all that a face presentation is caused by an extension of the head occurring at the beginning of labor, instead of a flexion. Without stopping here to discuss what may be the cause of such extension, let me recall to your mind that in a large proportion of head presentations, 60 to 70 per cent., when flexion occurs, the vertex presents with occiput anterior and to the left. It is quite logical, then, to assume that when extension occurs instead of flexion, the chin will be brought to the right posterior in the larger proportion of cases. This, then, answers for us my question, and makes us arrive at the conclusion that the generally accepted most difficult position of the face, with the chin posterior, is also the most frequent. The importance to us in having arrived at this conclusion may be seen when we again refer to our authors and learn that the larger proportion of face presentations are delivered by the forces of nature, unaided, with the chin under the symphysis pubis by flexion. For, if the larger proportion of cases start chin posterior, and the larger proportion are delivered, unaided, with chin under the symphysis pubis, we have defined for us clearly what is the natural evolution in face presentations. We learn from such statistics that the evolutions of a face differ not from these of a vertex, but that after descent comes rotation. After learning this fact, we naturally inquire of authors, why they teach that "in all cases when the chin is posterior or anywhere else except under the symphysis pubis, attempts must be made to help the chin rotate, as for instance by hooking the finger in the mouth, and making traction in the proper direction." To this teaching, Leishman says, "It is doubtful, however whether, such interference should be sanctioned as the proper routine method. So many delicate points have to be attended to—the direction of the pressure, the time for the operation, and the like—that we incline to the belief that nature should, in the great majority of instances, be trusted to." Elsewhere this same author says: "In face presentations as they occur in actual practice, we believe the

safest rule for our guidance is to avoid interference as far as possible."

This being accepted as a logical inference from the study of the mechanism of a face presentation, take such presentations out of the list of abnormal presentations, calling for obligatory interference, and class them with other natural presentations, as only calling for aid when nature proves unable to attend to them. The determining of the fact of when nature really has failed in her work calls for nice judgment. In all cases a tardy rotation is the characteristic of a face presentation, and hence the determining when it is necessary to aid nature is a perplexing question, the peculiarity of the position bringing greater pressure upon the soft parts of the mother, and a greater strain upon the child than in other positions. My own experience in a case lately attended by me leads me to think that haste to aid is often unnecessary. In this case, a chin posterior, everything was markedly slow, so that at the end of fifteen hours of labor, descent was accomplished but no rotation. The temptation to do something was great, as pain followed pain, and yet no apparent change took place, but as my patient kept strong, and the foetal heart could be plainly heard, I followed the policy of doing nothing. Several hours went by, and I began to criticise myself and determine to do something when suddenly the chin began to rotate, and I had the pleasure of watching it in its rotation around to and under the symphysis pubis. Here again there was a delay which I could not stand; so I gave aid with the forceps and delivered a live child.

I would suggest as rules to follow in cases of this character: 1st. Great care to avoid breaking the bag of waters. As the face does not completely plug up the os, poor dilating force is brought to bear upon it, when the bag of waters is broken, and complete evacuation of the waters is apt to occur, causing great pressure upon the child and the cord, endangering the child's life, and also greatly increasing the difficulty of any operation that may become necessary. 2d. Avoid any interference, to produce version, to cause flexion, or to aid rotation, until such time as delay becomes dangerous to the mother and possibly to the child. I put it in this way because the attempts to aid in such cases are usually of such a character as to cause about as much risk to the child as leaving it alone. As my object has been a study of the evolutions of face positions, I shall not attempt any description of the methods of operating, preferring, in the absence of any new original ideas, to refer to the text-books.

ANTISEPSIS AS APPLIED TO PELVIC SURGERY AND OBSTETRICS.

BY B. F. BETTS, M.D.

(Read before the Homœopathic Medical Society of Philadelphia.)

THERE is at this time no subject of more interest to the general practitioner, than that which pertains to the antiseptic treatment of puerperal cases; for upon the one hand he is confronted with the fact, that without this method of treatment a certain percentage of women have suffered in the past from the effects of septic infection after childbirth, and upon the other, he learns from the statements made by medical men whose opinions are entitled to respect, that it is their belief, that these consequences may be averted by the adoption of a certain line of treatment, consisting mainly in the use of germicidal injections before and after parturition, and that the neglect to follow out this treatment subjects this class of patients to dangers which may be fairly imputed to unskilful management upon the part of the medical attendant. But if we examine this subject carefully, I believe we shall find that the advocates of germicidal injections for puerperal cases have been carried away by an enthusiasm engendered by the success attained by Listerism in general surgery; and that a similar line of treatment is not applicable to puerperal cases, and furthermore, that it is not necessary, for the reason that more efficient means are provided by nature for the accomplishment of the end desired.

It is not the first time that that oscillating pendulum—medical opinion—has swayed too far from its gravitating centre under the stimulus of a zeal engendered by the successful termination of cases subjected to a new line of treatment, and it is not too much to expect, that it will eventually drop back and seek a point almost as far to the other extreme, as it has done upon other occasions, when a hidden law of nature has asserted its claims to recognition. I need not assert that the principles of Listerism or antiseptics are correct when applied to general surgery, for that fact has been conclusively demonstrated by the records of surgical practice everywhere, but I do maintain that the antiseptic treatment by germicidal injections of the germinal tract previous to and following normal parturition, is surrounded by difficulties and dangers which overbalance any possible good that may be legitimately expected from it.

In the first place, we have to deal with a cavity, lined by mucous membrane, to which the application of all forms of antiseptic treatment is of questionable utility; and secondly, the

parturient female is furnished by nature, with means ready at hand, to render the germinal tract aseptic in a much more effectual manner than we are able to do by our poor and inefficient methods. Time will not permit me to call attention to the various methods the advocates of the antiseptic treatment have adopted to prevent septic infection during the lying-in period, nor to refer to those able discussions of this subject which have been reported in our medical journals within the past three months, but I must content myself with a rather dogmatic statement of rules for the treatment of puerperal cases, which I believe to be founded upon a correct appreciation of facts.

It will be admitted, that there is a disease frequently met with in the lying-in-room, characterized by certain well defined symptoms, to which the term puerperal septicæmia is applicable, and that septicæmia occurs in some cases after surgical operations within the genital tract presenting a somewhat similar train of symptoms. In both cases, the disease may originate from the absorption of septic elements (which may or may not be micrococci) found lodged within the genital tract, and capable of being absorbed into the system through some abraded surface, as a wound after surgical interference, or through the placental site, or a laceration in puerperal cases. These germs of infection may originate in either of two ways—autogenetically—that is without any apparent exposure to germs of infection from without,—or heterogenetically—from exposure to an atmosphere laden with germs thrown off from other septic surfaces, as from persons suffering from septicæmia, erysipelas, scarlet-fever, diphtheria, or from direct inoculation, and furthermore, the close observer will find, that cases of septicæmia occur after the most rigid observance of all those antiseptic precautions which recent scientific investigations have suggested as necessary to prevent it, and that the amount of illness in certain cases is not in proportion to the amount of septic material lodged within the genital tract, nor does it bear any constant relation to the size of the abraded surface. A slight traumatic injury and a small amount of septic matter being associated in many cases with serious septic symptoms, therefore we may conclude that there is, in certain cases, an inwrought tendency to septicæmia, and in puerperal cases, and also in surgical cases this tendency may exist prior to the traumatism—yes, even before the patient has subjected herself to the immediate care of either the surgeon or the obstetrician.

Bearing these statements in mind, let us consider the line of

treatment to be pursued. Commencing with the last proposition, first, we may say that we are justified in treating all such cases homoeopathically, according to the symptomatic indications for the remedy, in order to remove or combat this inwrought tendency, previous to an operation or childbirth. The effort to place the patient in as good a condition as possible is always made previous to a surgical operation. And it is a rule which should be more generally put in practice by obstetricians.

In the effort to carry this rule into effect we shall also meet some of the requirements which are deducible from the second proposition, for to raise her standard of health we are required to surround her with media as free from the germs of disease as possible, and thus we prevent at the same time heterogenetic infection. It has been said that a woman needs to prepare herself for her confinement as she would for a capital operation: and to this the objection has been raised that such a preparation will impress her with the idea that her confinement is necessarily as serious a matter as a capital operation, and thus by reacting upon her nervous system it will injuriously affect her, but if there is any value in antiseptic precautions, or in cleanliness, which means the same thing in this connection, she should have full information upon the subject. If she uses the same precautions for her confinement (which has fewer inherent dangers) that she would were she to incur the greater dangers of a capital operation, she does but lessen the risk of danger in proportion, so that in the puerperal case it becomes almost nil. In a word our patients, whether they subject themselves to the dangers of an operation, or to those incident to childbirth, should understand that cleanliness of person and surroundings secures to them the best prospect for an early and complete recovery. Such information, when imparted by the medical attendant in the proper manner, will not only inspire his patient with an increased confidence in his skill, but also incite in her a feeling of gratitude for the care he manifests in her behalf.

The operating or lying-in apartment should be thoroughly swept, and then every article of furniture as well as projecting ledge should be thoroughly wiped with wet cloths frequently washed out in clean water. The air supply, as well as the water supply to the apartment should be as free from impurities as possible. Attention should next be paid to the cleanliness of the nurse. It would be well if a set of rules were formulated and brought to the attention of every nurse engaged

to take charge of puerperal as well as surgical cases, informing them, among other things, of the importance of a thorough renovation of person and apparel before they enter the patient's apartments. She should know of the danger she exposes her patient to if there is a possibility of the germs of disease from cases of erysipelas, scarlet-fever, diphtheria, etc., lurking about her. And last, but by no means of least importance, is the manifestation the physician should make, of that faith which is in him by good works, in a thorough disinfection of his own person, before he enters the room in which centre so many hopes and fears. And before any vaginal examination is made he should be sure that his hands and finger-nails are thoroughly cleansed.

At the first examination, every effort should be made to ascertain all that it is necessary to learn of the case, so that subsequent examinations may be avoided if possible. It is deplorable with what frequency digital examinations are sometimes made during the first and second stages of labor. If the position is favorable and the progress of labor unimpeded by any accident, its stages can be pretty well ascertained by carefully observing the manner of the patient during her pains, and the physician can safely wait until the child's head begins to distend the perineum, before he attempts to render assistance, but from that time, until labor is completed, his presence will be required at the bed-side. The practice of administering injections into the vagina during the first and second stages of labor, containing carbolic acid or corrosive sublimate, is unnecessary, for I believe I can safely assert that it has never been attended with results sufficiently advantageous to recompense the patient for the annoyance and distress such interference with the parturient process engenders.

Nature aims at rendering the genital tract aseptic, by pouring out from each crypt and crevice of its lining membrane a copious discharge of mucus, not merely sufficient to lubricate the parts, but in quantities sufficient to flow off externally, before labor has fairly commenced; then she deluges the whole canal with a perfect torrent of that wonderful antiseptic fluid from the amniotic sac, after which the presenting part of the child comes along like a veritable scavenger, and sweeps before it every thing that has been left by nature's copious shower.

If instrumental or mechanical assistance is not needed, there is but one stage of labor in which we have to guard against direct septic infection, and that is during the expulsion of the child through the vulva. At that time the parts should be

covered by a long, narrow piece of clean muslin, that reaches from the coccyx to a point in front of the patient's thighs, where it may lie in folds, until it is drawn upon, as portion after portion becomes soiled posteriorly by the discharges from the rectum and vulva, in order that a clean part may be kept in contact with these organs all the time.

A clean sheet, folded and pinned around the waist, should envelop the limbs, instead of an old skirt, which is too apt to be laden with filth from the street to be applicable to such cases.

After the expulsion of the child, and before the placenta is removed, the perineum should be examined for evidences of laceration; then the patient is turned on to the back, as this position prevents the entrance of air into the vagina. The physician should wait patiently, with the left hand upon the fundus of the uterus, for uterine contractions. Efforts to expel the placenta too early, by compressing the uterus and drawing upon the cord, beside being attended with danger in other respects, tend to give to the uterus a piston-like movement within the pelvis, which often results in sucking air into the vaginal canal, as it rises from its depressed position, after the effort has failed.

It is not until the uterus shows signs of contracting, that the placenta can be removed with safety, and then the precaution should be taken to follow it up by gentle compression, so as to keep its inner walls in apposition as much as possible. With the expulsion of the placenta, the last scavenger that traverses the genital tract, sweeps before it all blood-clots and remnants of membrane that have previously lodged within the vagina.

If the perineum has sustained an injury, requiring the application of sutures, every effort should be made to approximate the raw *vaginal* edges, which is of more importance really than an approximation of the cutaneous surfaces externally.

In operation cases, or when the lochia become offensive with an elevation of temperature, vaginal injections are necessary to remove the discharges; but by proper attention to drainage, secured by having the patient assume the upright position when the bladder is to be emptied, we may avoid these injections in many cases, for we must remember that the injection disturbs that protection which nature throws over healing surfaces, and the impingement of the nozzle of the syringe opens up afresh the abraded surfaces. Very frequently it will be found that the lochial discharge only becomes *offensive* when it lodges

upon the vulva, and absolute cleanliness of the external parts is all that is necessary to remove the odor. When vaginal injections are required, pure water and alcohol has answered the best purpose, both for puerperal cases and those that have undergone surgical operations. From four to six ozs. of alcohol to the pint of water is the strength usually employed.

Intra-uterine injections have seemed to do more harm than good in most puerperal cases. And I am firmly of the opinion that we shall do the best for our patients if we remove all membranous shreds and coagula from the uterus, and trust to drainage to accomplish all that can be effected by intra-uterine interference.

In parturition we must be satisfied with one thing, and that is *absolute surgical cleanliness*.

ERYSIPELAS.

BY H. T. WILCOX, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

PATHOLOGY.—Erysipelas, like the other zymotic diseases, is supposed to originate in a septic poison which is absorbed and infects the blood, and, after a period of latency or incubation varying from two to fourteen days, generally manifests itself by a peculiar inflammation of the skin, characterized by heat, swelling and redness of the affected parts, with a tendency to spread rapidly and indefinitely by continuity of surface. It may extend in depth by involving the subcutaneous cellular tissue, thus producing the phlegmonous variety of erysipelas. There is also a tendency to metastasis, and cases are recorded in which there was no external manifestation of the disease, it having expended its force on internal organs. Mr. Erichsen observed cases of this kind in a hospital ward where other cases were suffering from the cutaneous form of erysipelas. The same author adds, "Erysipelas may attack any surface, external or internal, such as the mucous or serous membranes, the connective tissue, the orbit, the scalp, the lining membrane of arteries, the veins and lymphatics, but the essential morbid condition is the constitutional or general disease." Idiopathic erysipelas most frequently attacks the skin of the face, head, neck and extremities; the traumatic variety attacking wounds or those localities where, from traumatism, the tissues are particularly predisposed to its development, and in these cases the poison is probably absorbed from wounded surfaces.

The puerperal woman is extremely susceptible to the influence of the erysipelatous poison, puerperal fever probably being, in many cases, but the same disease, modified by the peculiar condition of the subject of it, the bruised and frequently lacerated tissue of the uterus, vagina, and adjacent structures, with the increased activity of glands and absorbents, preparing the way for the rapid absorption of an overwhelming quantity of the noxious influences, whether germs in the present acceptance of the term, or in other forms.

The lymphatic vessels and glands are invariably implicated, and it is believed by some authorities that the primary seat of the local inflammation is in the absorbent system. This would seem to be particularly true of traumatic erysipelas. It has also been suggested that the frequency of attacks about the face was due to the proximity of the starting-point of inflammation (generally the bridge of the nose, or the ear), to the nasal respiratory passages, the connection with the ear being made by the eustachian tube.

Idiopathic erysipelas runs a tolerably regular course, the duration in mild cases being from six to ten days, and the termination, in the simple or cutaneous variety, may be by resolution, vesication or gangrene. It is seldom that the local inflammation is confined to the skin alone; the subcutaneous areolar tissues are generally more or less involved. In the simple variety, however, but little more than a dermatitis exists in connection with the constitutional symptoms. The skin is thickened, and of a bright scarlet or rose-colored tint, the color disappearing on pressure but returning when the pressure is removed. If the termination is by resolution, the rose tint gradually changes to a deeper and more venous hue, and at length gradually fades away, leaving the skin of its natural color, but thickened, and this condition may persist for some time. Desquamation follows the subsidence of the inflammation, and if the scalp was the part affected the hair falls off, and in some cases permanent baldness results.

Vesicles or bullæ characterize termination by vesication. These have the appearance of the blister caused by burn, and are formed by the same pathological process. The cuticle, by the intensity of the inflammation, loses its vitality, is separated from the derma by exudation of a yellowish, transparent serum, which is discharged on rupture of the cuticle. A crust may then form which, on falling off, leaves the skin underneath either sound or superficially ulcerated.

If gangrene be the result of the inflammation in this variety,

the skin becomes livid or black, and its whole texture disorganized, while the bullæ, which may also be present in these cases, are filled with a bloody serum.

In phlegmonous erysipelas, the inflammation extends deeply into the areolar tissue beneath the skin, serous effusion to a great extent follows, causing great tension and hardness of the affected part, and the swelling, when the face is attacked, may distort the features beyond recognition, the skin becoming of a dark or livid hue, the color not disappearing on pressure. These cases may also terminate by resolution, the effused serum being absorbed, but suppuration, with extensive sloughing or gangrene, may result. Circumscribed abscesses, in which the pus is laudable and healthy, may form in the eyelids and cheeks, but in other parts of the body the pus is poor and diffused, sometimes foetid and sanious. Extensive sloughing may separate or dissect out muscles and other structures by the destruction of the intervening connective tissue, which, when removed, resembles "strings of wet tow," or "wads of chamois leather." All the symptoms of pyæmia, including metastatic abscesses, may be present in such cases.

Should phlegmonous erysipelas terminate in gangrene, the integument of a whole limb may be detached, laying bare the muscles, arteries, tendons, etc., and even destroying the interior of a joint. The extremities (especially the leg and thigh), the scrotum and labia, are the parts which most frequently become gangrenous.

There is no tendency on the part of the disease to limit its ravages by adhesive inflammation. On the contrary, adhesions which have formed after surgical operation, partially uniting the wounded surfaces, are rapidly broken down when erysipelas attacks the wound, suppuration and ulceration taking the place of repair.

Drs. Neumann and Lilienthal, in their works on diseases of the skin, assert that in phlegmonous erysipelas, when death results, it is from pyæmia, pneumonia, or œdema cerebri. Other authors affirm that cerebral lesions corresponding to the cerebral symptoms so often present are not found. The lesions mentioned are congestion of the veins, both cerebral and meningeal, slight serous effusion but no lymph exudation, as there would be after meningitis. The cerebral symptoms are doubtless due to the causes which produce similar symptoms in other typhoid conditions.

MORBID ANATOMY.—Besides the morbid condition mentioned, the spleen is congested and enlarged, the kidneys, liver and the mucous surface of the stomach and intestines are also con-

gested, and occasionally ulcers are found in the intestinal canal. When the throat and bronchia are affected, their mucous membranes are highly congested, and ulcers are sometimes found there. The blood is altered both before and after death, an autemortem examination in some cases showing a marked increase of white corpuscles, while the red become more quickly crenated than in health, and cohere in masses rather than in rolls. After death, the blood is thin and fluid, having little tendency to form a coagulum, and, should a clot form, it is loose and thin. The blood is of a dark pitchy color, and by decomposition, stains the coats of the vessels so that the more superficial ones are distinctly traced through the skin. Veins, as well as the lymphatics and glands, are often inflamed; the phlebitis may cause thrombosis, this in turn favoring embolism in the pulmonary bloodvessels, or in an artery of the extremities, causing gangrene of the parts beyond. The lungs, in fatal cases, are found highly congested, the smaller pulmonary vessels also containing pus.

PROGNOSIS.—The prognosis “varies from almost absolute safety to as absolute fatality.” In simple idiopathic erysipelas recovery is the rule; some physicians of large experience claiming never to have seen a fatal case of primary erysipelas of the face. Phlegmonous erysipelas of the face involving considerable extent of surface, is a formidable disease, and the prognosis is necessarily grave, as it is when it attacks the pharynx and glottis. When phlegmonous erysipelas attacks the extremities, and suppuration or gangrene supervenes, the prognosis is favorable or unfavorable, according to the extent of the local mischief, and the severity of the constitutional symptoms, the latter being necessarily the most important. To those at either extreme of life, old age or infancy, the disease is very fatal; infants less than one month old generally die, and after the age of sixty years the mortality is said to be five times as great as between the ages of fifteen and sixty years. Alcoholic intemperance not only predisposes to attacks of erysipelas, but renders the prognosis exceedingly grave. A debilitated constitution, or the existence of debilitating diseases, such as phthisis, Bright’s disease, etc., or frequently recurring attacks of erysipelas make a grave prognosis. Metastasis to internal organs, or involvement of the peritoneum, are grave complications. The highest mortality rate recorded, is probably that of the Parisian hospitals in 1862, seventeen per cent. being that of idiopathic cases, while traumatic cases reached a mortality of seventy-eight per cent. Epidemic puerperal cases are nearly all fatal.

PROPHYLAXIS.—Dr. Alfred Stillé gives the following rules for preventing erysipelas :

I. The utmost purity of the air should be preserved in all apartments habitually used by day, or for sleeping, and especially in hospital wards and other places occupied by the sick.

II. All patients suffering from erysipelas should be isolated, and nothing that has been used by or for them, and, least of all, surgical instruments, should be employed for non-erysipelalous patients. On the same principle, in climates and seasons which make it possible to treat the wounded in tents or in temporary wooden hospitals, such as were used during our civil war, the danger of erysipelas is reduced to a minimum by doing so.

III. On no account should a puerperal patient be confined in a house infected with erysipelas, nor be attended by any physician who has recently had charge of an erysipelalous case.

IV. A surgical ward should never be in close proximity to a lying-in ward, nor even in the same building, and the attendants in one should hold no communication with those of the other.

V. During general or local epidemics of erysipelas, all cutting operations should be, if possible, avoided, it being remembered that the danger of the erysipelalous infection of wounds is in direct proportion to their extent.

VI. For the reason just mentioned, it is held by some surgeons, that subcutaneous incisions should, under such circumstances, be preferred, and that the surface of recent wounds should be protected by a nitrate of silver film.

The late Dr. Marsden advocated the administration of remedies of known antiseptic properties for the prevention of puerperal toxæmic diseases, and believed the principle applicable to zymotic diseases generally. His experience corroborated that of others as to the power of *Arnica* and *Arsenicum* in appreciable doses, the former administered immediately after delivery, and continued from one to two days, at intervals of two hours, followed by *Arsenic* in the same way, to prevent puerperal fever. In support of his views he cites the testimony of Dr. William Goodell to the prophylactic power of Quinine, as exhibited in his practice during the prevalence of puerperal fever. Also that of Dr. Wynn Williams to the virtue of Iodine as a disinfecting agent, when used for cleansing the hands, for disinfecting the clothing, for washing out the gen-

ital organs, etc., attributing exemption in his practice from puerperal fever for twenty years, to its use. This would indicate that erysipelas in hospital practice might, to a great extent, be prevented by supplementing the usual precautions by internal antiseptic medication.

TREATMENT.—Patients suffering from erysipelas should be isolated; for while sporadic, idiopathic cases probably do not convey contagion to healthy persons, the occasional occurrence of epidemics of the disease, and the susceptibility of some individuals to it, render such precaution necessary. Only those necessary to the care of the patient should be admitted to the sick-room, which should be dry, of an equable temperature, and well ventilated without exposing the patient to draughts of air. The diet should be nourishing, and of such a nature as to tax the digestive organs as lightly as possible. Cleanliness of the room, bed-clothing, and person of the patient should be enforced; the clothing that comes in contact with the patient should be scalded before being much handled. If a wound exists, the part about it should be kept scrupulously clean and the wounded part placed in a comfortable position.

The contents of large bullæ should be removed by passing a needle beneath the cuticle from a point an eighth or a quarter of an inch from their bases, thus preserving the natural covering entire. When suppuration occurs, the part so affected should be freely opened, and care taken to prevent the burrowing of pus.

External Applications.—The application to the inflamed skin of ointments, poultices, iodine, nitrate of silver, etc., has been by turns recommended and condemned. Dr. Helmuth characterizes such applications as “fashionable folly,” and “worse than useless.” He approves of dusting the part with rye flour to prevent itching, adding, however, that “even this symptom is more quickly relieved by Hepar sulph. or Sulphur.” A lotion of Carbolic acid and milk (thirty drops of the acid to a pint of milk) is said to give great relief. Painting the inflamed surface with the tincture of *Veratrum viride*, is recommended, also the local application of a solution of *Hydrastis* (20 grains of powdered *Hydrastis* to 32 fluidounces of water). Cranberry poultices are much in favor with some physicians and surgeons, and when gangrene is threatened their free application might do much to avert it. The efficacy of fresh vegetable poultices at such times is well known, and, if the cranberry has a specific relation to erysipelas, it would be doubly indicated.

Remedies.—The following are the most important remedies, with a few of their leading indications:

Aconite.—General feverishness, local tenderness, especially indicated by intense synochal fever. Generally required before the rash appears; but if indicated, may be given at any stage of the disease.

Apis mel.—Great swelling; œdema of pharynx or larynx; swelling pale-red rather than purple; vesication; sticking, pricking, or sore, bruised pain; marked urinary symptoms, dysuria and albuminuria; puffing of eyelids.

Arnica.—After injuries; phlegmonous variety, sore, bruised pain; part swollen, hard, hot and shining; tenderness and pain on pressure.

Arsenicum.—Marked constitutional symptoms, œdema, tendency to anasarca, thirst, drinks little and often or large quantities at a time; puffiness under eyelids in the morning, gangrenous character of the erysipelatous inflammation, and ensuing typhoid condition; when fresh patches appear as others decline; great general prostration.

Bell.—When the dermatitis is intense, the affected part bright red, and the general fever high. Violent headache, delirium; lethargy; thirst; constipation, brown and thick urine.

Bryonia.—If the joints are specially affected.

Cantharis.—When the vesicles are small and very numerous, much irritation; briny and serous exudation. Erysipelas from the use of Arnica. The absence of urinary symptoms does not contra-indicate the remedy.

Pulsatilla.—Recommended in wandering erysipelas, and when the disease attacks the ear. *Graphites* is probably more useful.

Rhus tox.—Vesicular erysipelas, particularly of face and head, dark red color of skin, extreme prostration, stinging and burning pain; œdema.

Hepar sulph.—To promote or prevent suppuration.

Other remedies which may be required are Euphorbium, Carbo veg., Lachesis, Lycopodium and Sulphur.

When pyæmia results from erysipelas, the treatment must be adapted to that complication.

Alcohol as a remedy and as a food may be required, as in puerperal cases and others where the vital powers are rapidly depressed. Given early, alcohol probably acts, not only as a stimulant to the vital forces, but as an antidote to the poison which feeds the disease. In ordinary simple cases, however, it is not indicated.

Miscellaneous Contributions.

JOSEPH HYPPOLYTE PULTE, M.D.

AT four o'clock on the morning of February 24th, 1884, Dr. Joseph Hyppolyte Pulte, the pioneer of homœopathy west of the Allegheny Mountains, departed this life in the seventy-third year of his age. The subject of this sketch was born October 6th, 1811, at Meschede, in the Prussian Province of



Westphalia. His father, Hermann Joseph Pulte, M.D., was the medical director of one of the government institutions for the education of midwives, and as these institutions had to be organized all over the newly-acquired provinces, he was especially deputed for that purpose, besides presiding over the institution confided to his care.

He was also one of the co-editors of the *Manual for the Instruction of Midwives Throughout the Whole Kingdom*, a work which in its sphere became famous, and a model for similar ones in other States.

Joseph H., in his early youth, was so impressed with the worth of his father that he often, in his childish fancy, literally followed in his father's footsteps by stepping in his tracks while walking behind him. No wonder that the youth should so early have a predilection for that profession of which he saw his revered father to be such a respected member; especially was this the case when he was reminded so often of the *noble science of medicine*, and of the blessings and high aspirations which always accompany its faithful and successful practice. His oldest brother had already entered upon a promising medical career, and was very desirous of seeing his youngest brother, Joseph, follow his example and devote himself to the study of medicine.

Completing a classical course at the gymnasium of Soest, and a medical course at the University of Marburg, he accepted an invitation from his oldest brother to accompany him to America, where he intended to locate in St. Louis, Mo.

In the spring of 1834 he sailed for the United States to reach St. Louis *via* New York. On his journey through Pennsylvania, however, the Doctor was induced by a personal friend to stay in Cherryville, Pa. Here he formed the acquaintance of Dr. William Wesselhoeft, at that time residing at Bath, nine miles from Cherryville. Dr. Wesselhoeft was the first to induce him to test the merits of homœopathy by actual experiments. These trials were so successful that Dr. Pulte became enthusiastic in his devotion to the new doctrines, and at once entered with great zeal upon the study of homœopathy; henceforth he did not shrink from any hardship or exposure necessary to acquire a complete knowledge of the same. It was difficult and expensive in that early time (1834) to procure the means of prosecuting the study of homœopathy. There were then no text-books; a greater part of the facts and practical knowledge existed only in manuscript sent to America from Europe, and circulated to be studied and copied.

The first attempts at a more systematic treatment of Asiatic cholera were thus transmitted to the Northampton County Society of Homœopathic physicians, in manuscript, from Europe, and by its members studied and copied. Dr. Pulte soon joined a society of homœopathic practitioners who had united themselves for mutual advancement in knowledge, under the name of the Homœopathic Society of Northampton County; this was the *first* one of the kind on this continent. It was no doubt in these days a difficult task to belong to a society and to do justice to its requirements. But the members were sel-

dom found missing at these friendly gatherings; their example being more worthy of imitation by many homœopathic physicians of to-day. The greatest accession to the society was made when Dr. C. Hering, of Philadelphia, joined its number and took up his residence at Allentown, to preside over the academy, which had been formed by this small band of Hahnemann's disciples. Dr. Pulte recognized in Dr. Hering the man of genius, and submitted cheerfully to the moulding influence which such a mind would naturally have over others. Besides attending to the numerous meetings for scientific and other purposes, frequent occasions would offer where public addresses had to be delivered, or poems to be read. He never shrank from any work thus laid out for him.

Six years of great activity of body and mind were thus passed, giving and receiving instruction, healing the sick; but during which he never relinquished the intention of joining his brother in St. Louis and bringing him into the light of the new doctrine. He did not, however, carry this into execution until the academy was dissolved. After the closing of this institution, the various physicians connected therewith, went to different and larger fields of labor.

Dr. Pulte took up his march again westward to St. Louis, whither he intended to go six years previous. He travelled in company with an intelligent Englishman, Edward Giles, whom he made a convert to homœopathy theoretically, but who wanted practical proof.

When on the steamer from Pittsburgh to Cincinnati, Dr. Pulte saw for the first time his future partner for life, and determined upon that union which nothing but death should sever. He tarried in Cincinnati to give his friend Giles an opportunity of witnessing cures by homœopathic remedies. For that purpose he opened a private dispensary, where some of the sick children of the poorer classes congregated to get relief. This was during the summer, and summer-complaints prevailed. Mr. Giles was astonished at the speedy cures, and it seems so were also those more nearly concerned; the poorer classes told the richer, and the latter also soon sought the doctor's aid. In less than six weeks' time Dr. Pulte was in full practice in Cincinnati, and on account of the numerous engagements he had to fill, relinquished the idea of going to St. Louis.

In the autumn of this same year he was united in marriage to Miss Mary Jane Rollins of Pittsburgh, a lady who soon shared his enthusiasm for the science of homœopathy, and who ever after rendered him valuable aid in preparing his medicines and assisting him even in his professional duties. Much

of the success of Dr. Pulte in Cincinnati was due to the sustaining sympathy and strength of character of Mrs. Pulte. At one time, suffering from ill health and overwork and wearied by the aggressive opposition of the old school, he felt discouraged and proposed to give up the contest and go East. "Dr. Pulte, do you believe in the truth of homœopathy?" "Certainly I do," said he; "it is the science of medicine." "Well, then, Satan himself shall not drive us from this field of labor," replied the courageous lady.

In 1846 he published his work on history, in German, entitled *Organon of the History of the World*. His purpose in this work was to develop a philosophy of history and its elevation to the rank of one of the natural sciences. The work was regarded with favor by Humboldt, Guizot, Schelling, Bryant, Bunsen, and Lepsius. In 1850 he published a work on domestic practice, which had a large sale in this country, and was reprinted in London and translated into Spanish. Its arrangement was entirely original, and the book seems to have pleased the public so well that no book of similar size and import in the homœopathic literature has had such a circulation throughout the world as this. He was one of the editors of the *American Magazine of Homœopathy and Hydropathy*, during the three years it was published, and in 1853 he published the *Woman's Medical Guide*. This book was also republished in England and translated into Spanish. Dr. Pulte was the first to urge the practicability of girding the world with the telegraph. During a visit to Europe in 1848 he brought the subject to the attention of several governments, and through Humboldt was in a way to secure important aid from the Emperor of Russia, when the Hungarian war broke out and the project was frustrated. A memorial upon the same subject, proposed by Dr. Pulte, was presented to the United States Senate by Salmon P. Chase, and received attention from that body. The doctor's plan was to carry the wires across Behring's Strait, and thence across Asia to the principal cities of Europe. The same idea was afterwards taken up by Major Collins, and in another way has since been carried into effect. During the prevalence of cholera in Cincinnati in 1849 the doctor had the pleasure of seeing the homœopathic treatment triumphant beyond any other. Homœopathy, after this trial of 1849, was firmly established in the whole West and South, many physicians of the old system embracing this method of practice, more or less through the agency and influence of Dr. Pulte.

In 1852 Dr. Pulte accepted and filled the chair of Clini-

cal Medicine in the Homœopathic College of Cleveland, and he afterward filled the chair of Obstetrics in the same institution. In a public address called the "Science of Medicine," during this time, he pointed to the cell as the real starting-point of the pathological development; here already were indicated the principal features of that pathological edifice which Virchow afterward erected into his famous cellular theory.

In 1855, the centenary year of Hahnemann's birth, he was appointed to deliver the annual address before the American Institute of Homœopathy, which met in Buffalo, N. Y. In the same year he was solicited to accept the Professorship of Homœopathy in the Michigan University. Dr. Pulte was not only a learned and thoroughly practical physician, but was also a very intelligent and public-spirited citizen, and aside from his professional duties found time to devote to public affairs.

Many suggestions made by him pertaining to the welfare of the city and State were either wholly or partially adopted. He was the author of a financial policy, which was published in the Cincinnati, Washington and other papers, and received considerable attention from public men. He was also the first to suggest the tax upon incomes, in order to increase the revenue of the government. The following letter was in reply to a communication from Dr. Pulte upon that subject:

"TREASURY DEPARTMENT, January 17th, 1864.

"DEAR SIR: Yours of the 17th is just received. I wish Congress had the courage to adopt your patriotic suggestion; and will refer your letter to the chairman of the Committee of Military Affairs.

"Yours very truly,
"S. P. CHASE."

He was recommended to President Johnson for the Austrian mission, by the Hons. Bellamy Storer, Alphonso Taft, A. F. Perry and others, and was promised the support of the Hons. Carl Schurz, B. Eggleston, W. S. Groesbeck, and other prominent statesmen, in case his name should be sent to the Senate.

He was also the author of numerous poems, written and published chiefly in the German language. "To My Native Land," "Marienhoehe bei Marburg," "Dem Deutschen Volk in Waffen," deserve special mention. "Alsace," a German war-song, has been set to music by Miss Anna T. Cramer, a talented young artist of Portsmouth, O.

In the fall of 1872 Dr. Pulte delivered his last course of lectures in Cincinnati, at the college which bears his name.

The writer had the pleasure and privilege of hearing these lectures, and can bear testimony that they were highly appreciated by the class. In 1873 a severe illness led to his withdrawal from the active practice of his profession. A maxim of the doctor's was, that "the height of all pleasure was an increase of knowledge;" and he may be said to have spent his whole life in the pursuit of this greatest pleasure.

He suffered much during his last illness, which his friend and attending physician, Dr. F. H. Schell, says was characterized chiefly by inability to sleep and to take food. He remained conscious, however, and in full possession of all his faculties until within an hour of his death, which he awaited with a calm and Christian-like spirit, and which came at last like a slumber. By request of the deceased, the Rev. Dr. James Eells, of the Second Presbyterian Church, officiated at the funeral, which took place at the family residence, February 27th, at 2 o'clock P.M., after which the remains were conveyed to the Spring Grove Cemetery, and borne to the vault by twelve of the profession of Cincinnati, who acted as pall-bearers. This sketch may be fittingly closed by simply adding the motto of Dr. Pulte's family: "*Virtute ad astra.*"

S. R. GEISER, M.D.

CINCINNATI, March, 1884.

At a meeting of the Cincinnati Homœopathic Medical Society, called to take action on the death of Dr. Pulte, the following was adopted:

"Death's but a path that must be trod
If man would ever pass to God."

And God has, in His wisdom, seen fit to open this pathway to our revered friend, Dr. Joseph H. Pulte.

Our deceased associate was a pioneer of homœopathy west of the Alleghenies. He was a thorough believer in this science, and an enthusiastic practitioner of it, and labored unremittingly to spread its truth among the profession and public. He was kind and gentle in his manner to all, full of sympathy for the sick, and entirely unselfish; inviting many, and welcoming all who came to share his field of labor with him. He was emphatically the friend of the young practitioner, and smoothed the way for many a struggling beginner. His life was just, devoted to science and good deeds; his death was that of a Christian and philosopher. Be it therefore

Resolved, By the Cincinnati Homœopathic Society now assembled, that we honor and cherish his memory, and that assurance of our sympathy be sent to Mrs. Pulte, his life-companion and helpmeet.

J. P. GEPPERT, M.D.,	} Committee.
F. H. SCHELL, M.D.,	
M. MAY HOWELLS, M.D.,	

Dr. Pulte was one of the earliest friends of the Ohio Hospital, and the Board of Directors have adopted the following resolutions in honor of his memory:

WHEREAS, the allwise Father, the ruler of mankind, after granting to the late Joseph H. Pulte, M.D., even more than the full number of years, according to the Psalmist, years nobly spent in labors for the good of suffering humanity and the glory of science, has called him away from this world of trial and affliction, to enjoy the rewards of a life well spent, it is therefore

Resolved, By the Board of Trustees of the Ohio Hospital for Women and Children, that we honor him as one of the founders of true medical practice in this city, and remember tenderly his constant kindness and generosity; that we esteem him as a warm friend of our institution; that in thus losing one of its earliest honorary members, our association has suffered a great loss, and that we would extend to his widow this expression of our regard for him, and of consolation for her in her hour of bereavement.

MARY RAWSON,	} Committee.
ELLEN M. KIRK, M.D.,	
MARTHA MAY HOWELLS, M.D.,	
MEHITABLE C. WILSON,	

THE LICENSE QUESTION.

DECORAH, IOWA, February 6th, 1884.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

I have been somewhat pleased, and somewhat amused, at Dr. Dake's article on Medical legislation in current number of your excellent journal. I have for a long time advocated the opinion, that all the medical legislation needed, is to prevent the quack practicing under false pretences. But that license; of two hundred dollars a month, would take all my professional earnings, and a goodly sum besides, to pay the license, and there are scores of practitioners in the West—yes, hundreds—just in my position. I think Dr. Dake's plan of registration an excellent one, but I would carry its liberal provision still farther. I would add to the address, "Dr. —, registered," and forbid the clerk under penalties to register any one who had not a diploma from an accredited college. Make it a misdemeanor, for any one to represent himself registered, who was not; the different State Medical Societies to furnish a list of accredited medical colleges to the Clerk or Secretary of State. By allowing all to practice, we should do away with the cry of persecution, but set before the public, the difference between the medical man and the quack. This is all the protection I ask, and if we as a class are true to ourselves, all the protection we need; but please keep the matter alive, and let us know the opinion of the majority, to which we should all bow.

E. CARTWRIGHT, M.D.

NOTE.—Our correspondent has evidently misunderstood Professor Dake's position. He (Dr. Dake) would require a high license from "non-resident and transient practitioners,"

but says nothing whatever about license-fees from *resident* physicians.—EDITORS HAHNEMANNIAN MONTHLY.

THE EQUAL MEDICAL-RIGHTS BILL.

DEAR DOCTOR: Please urge the profession everywhere, to stir up their political friends to earnestly write or speak to their U. S. Senators, particularly those who are members of the Committee on Civil Service and Retrenchment,—urging that our bill (S. 1223), for equal rights, be acted upon. It now lies dormant in the hands of this committee, of which we have a majority with us,—and notwithstanding it is not pressed by public business. The Chairman is so thoroughly unsympathetic as to prompt the belief that his confidants in the profession are our active enemies. Shrewd men of our school will be able to see what to do in their own districts to counteract this influence. It may even be necessary to make it a political issue in a private way; indeed, only thereby are we likely to obtain due consideration; and that influence has already been partially initiated.

The Senate Committee is composed of the Hons. Joseph R. Hawley, of Conn.; Henry L. Dawes, of Mass.; John J. Mitchell, of Pa.; John F. Miller, of Cal.; Austin F. Pike, of N. H.; James D. Walker, of Ark.; John S. Williams, of Ky.; L. Q. C. Lamar, of Miss.; John R. McPherson, of N. J. Yours, fraternally, JOHN C. MORGAN, M.D.,
Chairman Committee on Legislation, Am. Inst. Hom.

POISONING BY THAPSIA.

WILMINGTON, DEL., August 21st, 1883.

EDITORS OF HAHNEMANNIAN: Mr. F. M., of a nervous temperament, rather delicate constitution, purchased a Thapsia plaster, which he applied to his abdomen for the relief of a sensation of soreness remaining after an attack of diarrhœa. A few hours after the application of the plaster, his abdomen and chest became covered with a coarse miliary rash, partially vesicular, and attended by intense stinging and itching, soothed by contact, but followed afterwards by burning. Having most probably conveyed some of the substance from the plaster by means of his hands to his eyelids and prepuce, these parts became greatly swollen, the former so much as to nearly close his eyes, while the prepuce attained an inch in thickness. The external application of dilute tinct. of Cam-

phor, together with the internal use of *Rhus tox.*, was followed by speedy relief. I have since heard of several similar cases.

E. W. GOSEWISCH.

AMERICAN INSTITUTE OF HOMŒOPATHY—SECRETARY'S NOTICE.

I HAVE the pleasure to announce officially that the Institute will convene in its thirty-seventh annual session at Deer Park Hotel, Md., on the Baltimore and Ohio Railroad, the third Tuesday (17th day) of June next, at 10 o'clock A.M., and continue in session four days.

The President, Secretary, and Chairman of the committee on railroad fares and hotel rates and accommodations met Mr. W. J. Walker in conference at Deer Park, March 8th, 1884, to complete arrangements for the meeting, with the most satisfactory results. The entire hotel (which has a capacity for accommodating six hundred guests), together with the extensive grounds, walks, drives, groves, etc., has been secured for the exclusive accommodation of the members of the Institute, their families, and friends who may accompany them, to the exclusion of all other guests while the Institute is in session. The hotel will be in readiness to receive members of the Institute Monday, June 16th, *but will not be reopened for the general public until June 22d.* Hotel charges \$2.50 per day, a rebate of *fifty cents* from the regular rates. The annual banquet and music will be furnished by the hotel management. The rooms, *cuisine, menu*, and attention to the wants and comforts of guests, are guaranteed to give entire satisfaction to the most exacting.

The railroad fare over the great trunk or main line of the Baltimore and Ohio Railroad and its branches will be full fare one way (*half fare*). Efforts are being made to secure reduced rates on other roads.

The members of the various bureaus are at work, and their respective chairmen anticipate full reports.

Sufficient information is already in the hands of the Secretary to warrant the statement that the attendance will be larger than usual, and that one of our transatlantic colleagues (Dr. Richard Hughes, of Brighton, England), and possibly others, will be present.

Full particulars of the arrangements will be given in the forthcoming announcement.

Blank applications for membership may be obtained from the undersigned on application.

J. C. BURGHER, M.D.,

General Secretary, 332 Penn Ave., Pittsburgh, Pa.

1884.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. VI.

Philadelphia, Pa., April, 1884.

No. 4.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

INFLUENCE.—It has been often claimed that homœopathy has decidedly influenced old-school physicians, and has compelled them to modify their time-honored methods of prescribing and dosage. Of the truth of this claim we have daily and increasing evidence. Allopathic physicians have diminished the size of their doses, have incorporated into experimental materia medica many of the observations of homœopathic writers, and now are going so far as to teach the single remedy, triturated prescriptions, and even to deign to admit *some* truth in the law of similars.

But, conversely, has not the old school influenced homœopaths? Undoubtedly. We employ technical terms that are altogether inappropriate to our method of cure. We lean strongly, at times, towards old-school doctrines; and some occasionally desert the cause and resort to allopathic modes of treatment.

One of the influences of the old school upon homœopathy is annoying, and to consider this is the object of our editorial. We refer to the surrender of our laurels to the advance-guard

of the allopathic forces. With gracious but unnecessary condescension we meet the liberals more than half way, give up a part of our nomenclature, promise sooner or later to drop our sectarian name, and even go so far as to explain our cures upon extra-homœopathic principles.

One author yields up "Hepar" for the more fashionable "Calcium Sulphide." Another writes of medicine as a broad art, untrammelled by so belittling an adjective as "homœopathic." A third coolly robs the school of its claims on Aconite, declaring the drug not homœopathic to fever!

Hepar, as an anti-suppurative, owes its discovery, not to empirical medicine, but to the inductive method of Hahnemann. Why, then, sacrifice the word for the more modern term? If it is urged that the latter expresses better the composition of the medicine, we reply that Hepar is something more than a sulphide of calcium, and it has not yet been proved that the latter can cure neurasthenia, dyspepsia, marasmus, and mental diseases, in which Hepar is so excellent. And until all these points are settled, any change in nomenclature is unnecessary and premature.

Aconite as a fever medicine owes its existence, as every homœopathist knows, or should know, to Hahnemann. It was because of its unique mental symptoms that it was first tried in fever, not because it had then produced any decided febrile phenomena. Lately, however, its power to develop genuine fever has been satisfactorily demonstrated. We see, therefore, that the author of "A Materia Medica of Differential Potency," is guilty of despoiling homœopathy when he declares, on page 17 of his book, that Aconite is not homœopathic to fever. This is indeed a deplorable example of the sort of influence we are decrying.

Hahnemann discovered homœopathy while reading about cinchona in Cullen's *Materia Medica*. The author of the book mentioned above discovered the law of dose while reading about cinchona in Pereira's *Materia Medica*. Strange coincidence; but what a contrast in conclusions!

A "COLLEGE OF PROVERS."—It is not uncommon to hear complaint respecting the ill success of our efforts for the improvement of the *Materia Medica*. Particularly is it common to hear criticisms of the reliability of provings, obtained by self-appointed provers or by small and detached organizations of provers. Even those of us who are unwilling to see the results of individual effort ruthlessly thrown away for the

altogether insufficient reason of its unconfirmed character, find ourselves constantly mourning over the vast accumulation of such uncorroborated provings, and wishing that some means might be found either to confirm or disprove their therapeutic reliability.

Recently we received from Dr. Arthur A. Camp, of Minneapolis, Minn., a circular, in which he sets forth some of the difficulties connected with the work of drug-proving as carried on by the Bureaux of our State Societies. The Bureaux consist usually of a few members, selected, perhaps, without special reference to their fitness for the work, and their dictum in reference to any drug they may undertake to prove, cannot be accepted unqualifiedly by the mass of the profession.

Dr. Camp suggests that in this *Materia Medica* work, the whole body of provers in the country should act together, *i. e.*, under one organization. His outline of a plan is set forth in his circular. He says:

We have twenty-six Homœopathic State Societies, besides the American Institute, Western Academy, American Pædological Society, and the American Ophth. and Otol. Society. Assuming that each of these Societies has a *Materia Medica* Bureau in its organization of only four members, we would have a total working force of one hundred and twenty. Let this force, if you please, be divided into a northern and southern regiment, to prove or re-prove those drugs which are indigenous to their latitudes, or *vice versa*; so shall we be enabled to determine definitely what acclimatization influence, if any, drugs possess over provers who live in localities where the plants grow.

Let this force be under the control of some of the first scholars in *Materia Medica* in the country, who will agree upon a plan of action, the new drugs to be proven or the old ones to be re-proved, who will also constitute the *Board of Directors of Materia Medica of the United States*, whose duty it shall be to scrutinize the work done by local or State boards.

Let this Supervising Board be elected by the physicians at large, or by the members of the American Institute, as you see fit, and let them not be harassed by restrictions. Throw upon them the burden of formulating a plan of action—as is thrown upon Generals in the army—and we, their Captains, the Chairmen of the different States, will carry out their orders. Then, and not until then, will our work amount to something.

This suggestion, it seems to us, is well worthy of consideration. We do not yet know what projects for future work will be presented at the next meeting of the American Institute by the Central Bureau of *Materia Medica*, but whenever the plans are fully matured, it will doubtless require a large force of investigators, carefully selected, to carry them into effect.

PHILADELPHIA TO NEW YORK; THANKS.—The homœopathic profession of Philadelphia is engaged in the work of establishing a medical library. Considering the very brief

time that this work has been going on, quite a respectable foundation has been laid, and a large number of valuable books and journals accumulated. To say that those who have contributed towards this object in any way, are just a little proud of the results already accomplished, is to tell the simple truth. Struggles have been made, to be sure; obstacles and difficulties have been met, and either overcome or put out of the way. Others are still to be encountered, and, we doubt not, vanquished, like their predecessors.

In this important enterprise, we have been favored with the cordial sympathy and the substantial aid of some of the most distinguished physicians of New York City. Professors W. T. Helmuth, T. F. Allen, J. W. Dowling, John Butler, and H. C. Houghton, have, in succession, visited our city and delivered lectures replete with instruction and entertainment, and have added very largely to the interest felt in the library by our own physicians, and this work has been done by these gentlemen with no expectation of reward other than that which springs from the consciousness of aiding a worthy and useful enterprise.

In private conversation we have heard numerous expressions of appreciation of the kindness shown by these New York physicians to the Philadelphia Library. The one chief regret is, that we had not a better apartment in which to receive them. Perhaps, in the not-distant future, Philadelphia may be better provided in this respect, and then we shall doubtless endeavor to secure a second visit from each of them. In all such public benevolent work, good nature is sure to be imposed upon.

SUBSCRIBERS taking the *HAHNEMANNIAN MONTHLY*, through agencies, pharmacies, or in clubs with other journals, will oblige us by notifying our Business Manager of the fact at the time, and thus save him and probably themselves much trouble. Please notify him if you remove, sending the new address, *and the old*.

We thank our subscribers for their promptness in paying their subscriptions. Several are yet to be heard from, and our flower-basket of thanks has some buds in it yet for these when they report.

Notes and Comments.

A CREMATION SOCIETY has been organized in Boston.

CUPID'S EYES.—Love is generally represented as blind. Fred. Douglass, it is said, observed that love is color-blind.

THE CENTENARY OF THE WIENER ALLEGEMEINE KRANKENHAUS, which was founded by Joseph II. in 1784, will be celebrated in June of the present year.

A CURIOUS BOOK has just been published in Sweden. It was written by the physician of an insane asylum, and has been set up, printed and bound by his patients.

TYPHOID INFECTION.—A small epidemic of enteric fever has broken out at Aberdeen, which is attributed to infection by milk. Sixteen cases have occurred, two of which have proved fatal.

CEREBRAL FLUIDS.—Prof. von Gorup-Besanez says that while the cerebro-spinal fluid contains albuminate of soda, the liquid secreted from the choroid plexuses contains more salts of potassium.

THE MICROSCOPICAL BULLETIN, published by Jas. W. Queen & Co., of Philadelphia, is an admirable little sheet, full of information to the lovers of microscopy, and altogether worthy of that science.

CIRCULATION IN THE CEREBRAL CORTEX.—Bevan Lewis has succeeded in noticing a small capillary passing either immediately across the nerve-cell in the cortex cerebri or running with a gentle curve along the pericellular space.

CHANGE OR NO CHANGE.—*Doctor* (to patient who has reported "about the same" for the past three months). Good morning, Mr. X; any change? *Mr. X.* Yes, sir; (producing his pocket-book) here is all the change I have, and if I am under your treatment much longer, I'll not have a d—cent left.

A PALPABLE HIT.—In reply to the *Lancet*, which calls the proffer of money to St. George's Hospital, "Homœopathy Begging," the *New England Medical Gazette* pointedly says: "Considering that homœopathy in this case appears with full hands to supply a publicly avowed need, the title strikes us as rather a Hibernianism."

THE PACCHIONIAN BODIES.—Writers and teachers still say that they know nothing of the origin and nature of the Pacchionian corpuscles. But Luschka, and after him Quain, and also Key and Retzius, assert that they are large, normal villi of the arachnoid. The latter authors say that their function is to effect a junction between the serous spaces, that is, between the cerebro-spinal liquid of the brain and the system of the blood.

THE BRAIN DEFINED.—Prof. Burt G. Wilder favors us with the following macro-morphological definition of the brain: A segmented, intracranial tube. It is elongated, hollow, constricted at several points, and is the cephalic continuation of the myelon. This he calls a "correct, clear and comprehensive definition, designed to answer the primary wish of the intelligent student." (See the *N. Y. Medical Record*, February 9th, 1884.)

FRUITS OF INSTRUCTING POLICEMEN.—Dr. White, in a recent lecture delivered at Association Hall, Philadelphia, alluded to the results of his instruction of policemen in the spring of 1883. From official reports at the

Mayor's office, he learned that policemen had dressed cuts and wounds producing hæmorrhages so serious as to endanger life, in 83 cases; in 19 cases they had set broken bones; distinguished between unconsciousness and drunkenness in 16 cases; assisted in supposed drowning cases, 6; in burns and scalds, 8, and in miscellaneous cases, 24.

FEMALE ATHLETES.—Mr. Percy Dunn, so says the *London Medical Times and Gazette*, condemns strongly the use of violent athletics by ladies. It is essential to recollect that inasmuch as the muscular development of woman is naturally less than that of man, there are many reasons for believing that any attempt to engage in severe muscular exercise is bound to produce in woman some distortion of the frame. Many girls who are physically unfit for any such exercise, are permitted to "take up" gymnastics, and to require one such girl to perform a severe gymnastic feat savors of an unpardonable indiscretion, when on the completion of her task, she retires to her seat breathless and deadly pale, indicating the extent to which her heart has suffered from the indiscretion.

THE HOMŒOPATHIC HOSPITAL AT MELBOURNE, AUSTRALIA.—From the report of this hospital, which has just reached us, we learn that during the year ending June 30th, 1883, the number of patients treated was 1426 of which 137 were treated in the hospital. 116 in-patients were cured or relieved, 12 died, leaving 9 in the hospital at the end of the year. The balance-sheet shows the receipts on account of maintenance to be £1465 17s. 6d., and the expenditure £1527 10s. 7d., which together with £359 3s. 3d. brought forward from last year, leaves a debit balance of £420 16s. 4d. in addition to outstanding accounts amounting to £120 5s. 7d.

The management proposes to build a new hospital, for which funds have been collected, amounting to £1978 6s. 10d.

In view of the necessity for special training for nurses, one of the honorary staff (Dr. Maffey) with the approval of the Board commenced a course of lectures for training, and as a trial it was deemed advisable to allow ladies taking an interest in the hospital to attend also. The interest and appreciation shown by the ladies, as evinced by the crowded attendance, have been such as to justify the Board in the step taken by them.

POETIC EFFECTS OF TREATMENT.—Mr. William ——— came to us for treatment after he had been sick three months with rheumatism. As our predecessor had removed many of the most severe symptoms, our task in completing the cure was comparatively easy. The gentleman after returning to his home sent us the following:

"There was an old party called Bill
Who took four months to be ill;
But now he is better,
As you'll see by this letter,
And has gone back to work with a will."

Believing that the "poetic frenzy" had been excited by the medicine, we resolved to "confirm the symptom" if possible. Cautiously applying the open vial to the left editorial nostril, we immediately obtained the following "proving"—

So now that this party named Will
Has taken our powder and pill,
Which his health did restore
As it had been before,
Let him call in and settle his bill;
Bill! Bill!! Bill!!!
Please call in and settle your bill!

We shall not divulge the name of the drug, as we expect to sell enormous quantities of it to newspaper men, for the homœopathic treatment of Spring poets.

REQUEST TO THE LONDON HOMŒOPATHIC HOSPITAL.—A curious will case recently came before the Master of the Rolls. A Miss Margaret Trotter, who died some eighteen months ago, with a personalty amounting to about £300,000, left, among other legacies, the sum of £3300 in Midland Railway Stock to the London Homœopathic Hospital. It was found, however, that, at the time she died, she was not in possession of any of that particular stock. The executor, who was also residuary legatee, therefore contended that the legacy was invalid, but, believing that the lady had intended to leave something to the hospital, offered a compromise, which, however, was not accepted by the hospital authorities. The Master of the Rolls decided in favor of the latter, ordered the stock to be bought at a cost of over £4000, and the costs of the action and interest on the sum withheld to be paid to date. About the same time, the same hospital came in for another piece of good fortune. A Miss Durnford Smith, who has for the past three years supported six beds, made over to the treasurer £5000 worth of debenture bonds to endow these beds in perpetuity.—*The Chemist and Druggist*.

New Publications.

A TREATISE OF INTRACRANIAL DISEASES. By C. P. Hart, M.D. Published by F. E. Boericke, Hahnemann Publishing House, Philadelphia. 1884.

Well bound, beautifully printed, up to the times in pathology, replete with homœopathic therapeutics, supplemental and complectory of the author's work on nervous diseases—these are its qualifications. F.

COUGH AND EXPECTORATION. A Repertorial Index of their Symptoms. Edited by E. J. Lee, M.D., assisted by G. H. Clark, M.D. A. L. Chaterton Publishing Company, New York. 1884.

We congratulate editors and publishers. Such a book is greatly needed, and must claim a ready sale. So far as we have been able to examine the text, it is carefully and faithfully rendered. Errors are unavoidably present, but most of them are self-evident, and therefore not delusive. F.

THE KEY-NOTES OF MEDICAL PRACTICE. By Ch. Gatchell, M.D. Gross & Delbridge, Chicago. 1884.

This is a small, neatly-printed book of 170 pages, and is bound in flexible covers so that it is in fact a convenient pocket companion.

In a terse and compact way it offers key notes, hygienic, surgical, obstetric, and therapeutic, for all the ailments, accidents, etc., of every-day practice. The book should have a large sale. F.

MODERN HOUSEHOLD MEDICINE. By C. R. Fleury, M.D. Second edition, revised and enlarged. E. Gould & Son, London. 1884.

This well-printed book, designed for non-professional readers, is carefully written, but is open, we think, to a serious objection. It recommends drugs in doses so strong that the lay prescriber risks the comfort if not the life of his charge. Belladonna θ in unskilled hands may spoil a case, and Arsenic iodidum I° may even poison. F.

MANUAL OF PRACTICAL HYGIENE. In 2 volumes. By E. A. Parkes, M.D. Edited by F. S. B. François De Chaumont, M.D. Sixth edition, with an Appendix giving the American Practice in Hygiene, by F. N. Owen.

Also,

DISEASES AND INJURIES OF THE HORSE. Compiled by F. O. Kirby. These three volumes constitute the closing numbers of Wood's Library for 1883.

We have only words of praise for these two works. The first, in two volumes, sets forth the most approved hygiene of the day, and, with its appendix, is complete.

The second presents, in compact form, information which else must be sought in numerous veterinary books and journals. It is just the kind of work needed by the physician. Of course, the homœopathist will find but little use for many of the prescriptions, poultices, apparatuses, etc. But colored plates, wood engravings, and brief descriptions of diseases, and of effects of injuries, are left for his edification. F.

A TREATISE ON UTERINE DISPLACEMENTS. By S. J. Donaldson, M.D. Second edition, revised. Boston: Otis Clapp & Son, 1883. Pp. 83.

Dr. Donaldson discusses some of the gynæcological stumbling-blocks, then considers the uterine abnormalities themselves, and afterwards gives his views on their management and treatment. He is not favorable to local cauterization, believes in searching out all the influences, remote and near, surrounding the patient, even to the mental emotions that influence her and the atmosphere she inhales,—including, of course, the dress, diet, and posture when active or quiet.

He thinks that, in most cases, the uterus is not suddenly dislocated, but that long and continued distracting influences are traceable far back in the history of the case,—in some having even a congenital origin.

He opposes high-heeled shoes and corsets, and the usual sedentary habits of many females, as every sensible writer does. His treatment is rather meagre and disappointing, although he considers the individual totality of symptoms the proper guide in selecting the remedy.

He well understands the effects of mental depressions and perturbations upon the generative organs, and urges careful thought upon the relief of all such aggravating causes. B. W. J.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE. By Joseph W. Howe, M.D. Published by Bermingham & Co., New York. 1884.

This volume contains the substance of a course of lectures delivered in the University of New York. After a physiologio-anatomical description of the genital organs, the author proceeds to examine the effects of sexual excesses, and also of prolonged continence. He quotes freely from the old pioneer work of Zallemand, and also from recent books, such as those of Hammond, Bartholow, Van Buren, etc.

He sets forth in readable form the most approved theories and treatments of old-school physicians, and even deigns to quote from homœopathy,—though in the latter case he misspells the author's name, calls *Carbo veget.*

"Carbo. veget.," and introduces his innovation with the apologetic words: "It will be well for the benefit of those who are curious on the subject to mention the peculiar remedies advised by the homœopaths."

Decrying the indiscriminate use of the bromides in seminal emissions, he declares them incapable of doing good, unless, indeed, on the principle of *similia similibus curantur*. Unwittingly, he gives in this brief remark a criticism, that is adverse to his own practice.

In discussing the vexed question of continence, the author quotes from Acton, Bartholow, and other accepted authorities; but, while such a course may be sanctioned by the science of the day, we think the question wrongly answered. Marriage is advised as a cure for many sexual ailments, continence included. But the physician, who advises marriage for so carnal a purpose as sexual regulation, violates the holiness of matrimony and reduces it to mere legalized concubinage. F.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Nineteenth Annual Session, 1883. Pittsburgh: Jos. Eichbaum & Co. 1883. Octavo, pp. 382.

We doubt exceedingly our competency to write an impartial notice of this book. We never receive the annual volume with its neat cloth binding, its excellent white paper, its clear and beautiful type, and its numerous evidences of skilful and painstaking editorial supervision, without feeling a good deal of pride in our membership with the society that issues it.

The papers this year are, to our mind, up to the society's usual standard. Several of them are exceedingly interesting and instructive. The Allegheny County Society's paper on Albuminuria, and the Philadelphia Society's paper on Phthisis Pulmonalis, with several others by private members of the organization, will repay a careful perusal. Many valuable hints, likely to be useful in practice, are presented in the discussions of Bureau Reports, as well as in the reports themselves. The work is edited by R. E. Caruthers, M.D., the secretary of the society. D.

HOMŒOPATHIC PRINCIPLES AND PRACTICE OF MEDICINE. By W. H. Dickinson, M.D., Professor of Theory and Practice of Medicine in the Homœopathic Department of the State University of Iowa, etc. Des Moines: Mills & Co. 1883. Octavo, pp. xii., 730.

"This book," says the author, "is the outgrowth of a series of lectures given during the last six years to the students of the State University of Iowa. It is . . . a Manual of Practice, concisely defining and describing disease, and giving only the principal remedies which provings and clinical experience have shown to be most efficient, together with the guiding indications for their administration. The work is intended chiefly for the use of students and graduates just entering on practice."

The author has certainly not made a failure in his attempt to carry out the above-stated object. Every portion of the work is concise, terse, and practical. Theories are kept in the background, and long pathological dis-

quisitions are avoided. Chapters are given on the "History of Medicine," "General Pathology," and "Homeopathy" (for some unexplained reason our author always spells this word with an "e" instead of an "œ"), and then the diseases liable to be met with in daily practice are taken up and considered.

The work of boiling down has, we think, been somewhat overdone. As a result of the contracted size of the volume, the subjects of diagnosis, prognosis, and etiology are in some cases treated too briefly, and some important remedies and indications are necessarily omitted.

No mention is made of Merc. corros. in Bright's disease, in peritonitis, etc., of Ranunc. in pleurodynia, and yet it far excels Bryonia, of Calc. carb. in gall-stones, or of Belladonna in acute rheumatism—a drug often needed. Pleurisy is dismissed with the confident assertion that in only one instance did the author need any remedies but Aconite and Bryonia. We admit their frequent need, but we object to this sort of "brevity;" it tends to make young practitioners routinists. In the valuable chapters upon nervous diseases, Dr. Dickinson is more liberal with his therapy.

A laughable mistake occurs on p. 161, where the suggestion of Lapis albus (the book says "alba") as a *specific for cancer* is attributed to Dr. Lippe!

We are again called upon to point out the oft-made and oft-corrected errors in the spelling of certain words. Staphisagria is sometimes misspelled "Staphysagria," Thuja is at times rendered with a "y." Gelsemium is uniformly misspelled "Gelseminum." The plural of pediculus is not "pedicula" (p. 712), and labia is not a singular noun (p. 442). "Coccyodynia" should be Coccygodynia. "Herring" (pp. 308, 309) should be Hering. These are not typographical errors—and, by the way, the book is remarkably well proof-read—they are blemishes in our literature, which ought to be eradicated. We are not finding fault for the sake of picking flaws, and we do not want our remarks to detract one iota from the general excellence of Professor Dickinson's work. We merely want to see all old-time excrescences radically removed, that our literature may exhibit a smooth, clean, healthy surface.

One remark, on page 336, strikes us as very odd; is it intentional?—"Remedies used by the regular school." Does the author admit so much? Who are "regulars," if homœopathists are not?

Concerning alternative potencies, Psora, etc., Professor Dickinson is quite conservative. We are pleased to see that he believes in a *law* of cure, rather than a mere "rule" or "method." Eds.

VOICE, SONG, AND SPEECH: A PRACTICAL GUIDE FOR SINGERS AND SPEAKERS; FROM THE COMBINED VIEW OF VOCAL-SURGEON AND VOICE-TRAINER. By Lennox Browne, F.R.C.S. Ed., and Emil Behnke. An English work of 322 pp. It contains forty-two wood-cuts and three photographic plates. Published in this country by G. P. Putnam's Sons, New York. 1884.

The book is divided into nineteen chapters. These are followed by two short appendices; one "On Photography of the Vocal Organs in the Act

of Singing;" the other is a "Copy of Letter from Dr. Wyllie, on Approximation of the Pocket Ligaments [Ventricular bands] in Tone Productions." The first chapter in the book is "A Plea for Vocal Physiology." The authors advance, in this, many strong arguments to show how important is a physiological and anatomical knowledge of the vocal organ to the teacher of singing or elocution, as well as to all who use their voices in public. Chapter II.: "The Laws of Sound Bearing upon the Voice." III. "Speaking and Singing." IV. "The Anatomy and Physiology of the Vocal Organ." Division 1st of this chapter is well adapted to the wants of the non-professional reader, as it describes, in a clear and concise manner, the superficial anatomy and physiology of the trachea, lungs, and chest walls, and devotes considerable space to the mechanism of respiration. Division 2d treats of the anatomy of "The Voice-box or Larynx." The authors agree that the thyro-arytenoid muscles are relaxors of the vocal bands; "but the relaxing of the vocal ligaments," they add, "is not the only function of the shield-pyramid [thyro-arytenoid] muscles. Their action is, indeed, so exceedingly complicated as to make a clear description of it almost impossible. There is probably, comparatively speaking, no muscle in the human body with so many varied points of origin and insertion of its fibres; these fibres going in all directions, and enabling the muscles to alter their tension, density, elasticity, and shape."

There is, perhaps, no other muscle which has given rise to so much earnest discussion and faithful investigation. Some think it a relaxor and others a tensor of the vocal bands, or even a closer of the glottis; again, some believe it has its origin in the arytenoid and insertion into the thyroid cartilage, thus giving it the name "aryteno-thyroid," but most authorities believe the reverse origin and insertion correct, and call it the thyro-arytenoid muscle.

The authors of this manual here say:

"The action of the shield-pyramid muscles is fourfold:

"1. They relax the vocal ligaments.

"2. They twist the pyramids [arytenoid cartilages] by pulling at the *muscular* processes, thereby approximating the *vocal* processes.

"3. They press towards the interior, thereby bringing larger portions of the vocal ligaments in contact with each other, thus reducing the length of the vocal chink; and

"4. Their outer vertical fibres, by contracting, diminish the diameter of the inner portion of the shield-pyramid muscles and of the vocal ligaments, making them flatter and thinner."

Division 3d gives a clear and concise description of "The Resonator of the Vocal Organ," the ventricles of Morgagni, the pharynx, the tongue, the hard and soft palates, the tonsils and uvula, the mouth, the teeth, and the nasal cavities.

Chapter V. is on the "Differences of the Larynx in Children, Women, and Men." The authors make the statement that "the larynx of a newly-born baby is about a third the size of that of a woman," and describe the growth of the vocal organ at different ages, both in males and females.

Chapter VI. "Movements of the Larynx which can be seen and felt."

Chapter VII. "The Human Voice as a Musical Instrument." After discussing the resemblance of the vocal organ to various artificial musical instruments, and showing how various authors have called it a string, reed, or flute instrument, and stating that the reed theory is the one generally accepted at present, the authors of this volume wisely remark: "It is evident from the foregoing considerations that the human voice, the original action of the vocal ligaments [which is identical with flexible reed instruments] notwithstanding, is in its entirety no more a reed instrument than a flute, pipe or string instrument. There are authors," they continue, "who, having come to the same conclusion, try to compromise matters by asserting that the human voice *combines* the properties of the above named three classes of instruments; but the laws governing reeds, flute-pipes, and strings are so totally different as to make such a combination a physical impossibility. The fact is that the human voice is so immeasurably superior to any instrument made by human hands, that all attempts at defining its nature must necessarily fail."

Chapter VIII. "Physical Causes of the Division of Voices," *i. e.*, into soprano, alto, etc. This the authors claim to be due to the length and thickness of the vocal bands, and, to a certain extent, to the length and size of the trachea, and the parts above the larynx, as well as to some unexplained causes.

Chapter IX. "The Hygienic Aspect of the Vocal Apparatus." This chapter is presented in three divisions: 1st. "The Hygienic Aspect of Management of the Motor-power—Respiration." 2d. "The Hygienic Aspect of the Vibrating Element—The Larynx and the Vocal Ligaments." 3d. "The Hygienic Aspect of Management of the Resonating Portion of the Voice." "Almost all faults of singing or speaking," they say, "resolve themselves under one large heading of *fatigue*, and the cause of this fatigue, whether felt in chest, voice-box, or upper throat, is almost always to be found in irregular muscular action, causing undue struggle with the opposing muscles. The particular muscles most frequently at fault are the respiratory, and only by correct action of these muscles of respiration can fatigue of the voice be insured against, or if experienced can it be remedied."

Chapter X. "The Relations of the Throat and Ear in Regard to Voice."

Chapter XI. "Experiments before the Invention of the Laryngoscope."

Chapter XII. "The Invention of the Laryngoscope."

Chapter XIII. "The Laryngoscope, and How to Use it." The three chapters last mentioned are only abbreviations of similar chapters to be found in other works on the throat.

Chapter XIV. "The Teachings of the Laryngoscope." This chapter gives us a description of the laryngeal image and the various positions of the vocal bands and larynx during the production of the various tones and of the different "registers."

Chapter XV. "Laryngeal Photographs and their Lessons." Here four photographs are reproduced, showing the position of the vocal bands and surrounding structures during the production of the upper-chest and fal-

setto registers. While thoroughly appreciating the excellent work, in this direction, done by Dr. T. R. French and Mr. G. B. Brainerd, of Brooklyn, it must be admitted that the photographs of the larynx by Browne and Behnke are much finer.

Under Chapter XVI., "On Voice Cultivation," we find six divisions: 1. "Breathing." 2. "Attack." 3. "Resonance" (four photographs are presented showing the position of the soft palate, uvula, and tongue during the production of various tones and registers). 4. "Flexibility." 5. "The Registers." 6. "Position." This chapter is of inestimable value to the trainer of either the singing or speaking voice.

XVII. "The Daily Life of a Voice-user." This is really a chapter on hygiene, and contains many valuable hints to all classes of individuals. It is considered under the following headings: 1. Residence. 2. Ablutions. 3. Clothing. 4. Diet. 5. Exercise. 6. Amusements. 7. Habits.

Chapter XVIII. "The Ailments of the Voice-user." This is a superficial chapter addressed to the non-professional reader, in which a few of the diseases are given, with a brief outline of a very imperfect treatment of some of them. The book proper ends with Chapter XIX., "On Defects of Speech, Stammering and Stuttering."

Although this work is especially instructive to the laryngologist, the vocalist, and the elocutionist, we would strongly recommend it to the consideration of physicians generally, especially on account of the valuable hygienic indications given. The book is, further, very enjoyable reading.

Although much that is here given has been previously published, either in *Medical and Hygienic Hints on the Protection and Management of the Singing Voice*, by Mr. Lennox Browne, or in *The Mechanism of the Human Voice*, by Mr. Emil Behnke, we can give the work much credit as a new book, since it contains valuable information which has never been elsewhere published.

Gleanings.

THE TREATMENT OF WARTS.—Vidal recommends bandaging the wart-covered hands in flannel and green soap. After a number of applications, the warts become softened and can be removed.—*Fort Wayne Journ. Med. Sc.*

SYPHILIS IN THE MONKEY.—Dr. Martineau (*Le Progrès Médic.*) reported to the Société Médicale des Hôpitaux, that the monkey which he had inoculated with syphilis several months ago, has now a syphilitic inflammation of the vault of the palate.—*Phila. Med. Times*, Feb. 9th, 1884.

THE LYMPHATICS OF THE CONJUNCTIVA.—In a paper on the treatment of diseases of the eyes, Dr. A. H. Jacob referred to the numerous lymphatics of the conjunctiva. So rapid does absorption take place from this membrane, that the author has known a single drop of prussic acid instilled in the eye of a rabbit, to cause the death of the animal in seventy-five seconds.—*N. Y. Med. Abstr.*, Jan., 1884.

A PHILADELPHIA PLUMBING SCHOOL.—The Philadelphia Master Plumbers' Association lately sent delegates to New York to inspect the trade-schools that have been so successfully carried on in that city. Such a school in Philadelphia would be regarded as an admirable institution; and, if properly conducted, it would lead to the reformation of the plumbing trade, and would consequently benefit the workmen and the public alike. Sanitary advances of this kind, indeed, are invariably reciprocal in their results.

ANGIOMA OF THE LARYNX.—Dr. Louis Elsberg reports two cases of angioma of the larynx, this form of tumor being the rarest of all intra-laryngeal growths. In addition to his own cases, he only knows of three others recorded. In all the cases, the tumor was situated near the anterior commissure of the vocal bands, and in no case was it congenital. The treatment adopted by the author in his first case, consisted in snaring off the tumor with Gibb's wire loop. Considerable hæmorrhage ensued immediately, which ceased on the application of a nebulized solution of persulphate of iron. Complete recovery followed. In the second case, the tumor was removed with the assistance of Dr. Elsberg's modification of Cusco's forceps. Slight hæmorrhage followed, but it ceased on the application of nitrate of silver.—*Arch. Med.*, Feb., 1884.

ANOMALOUS DISLOCATION AT THE HIP-JOINT OCCURRING DURING PARTURITION.—At a recent clinical lecture, Dr. Stephen Smith exhibited a case presenting an anomalous dislocation of the hip-joint. The head of the femur was found rather below and internal to the anterior superior spinous process of the ilium. The injury had been sustained during confinement, three years before, its true nature probably remaining unrecognized all that time. During the labor, her physician threw his whole weight on the right thigh, which was strongly flexed on the body, and the leg on the thigh. It is more than probable that the force thus exerted, caused the head of the femur to lodge on the pubic bone, just without the acetabulum, and as the patient began to move about, it was further displaced upwards.—*Med. News*, Feb. 16th, 1884.

SOME OF THE TOXIC EFFECTS OF SALICYLIC ACID.—Dr. Max Baruch relates, in the *Berliner Klinische Wochenschrift*, No. 23, 1883, the case of a lady for whom, on account of slight arthritic pains of a subacute character, and unaccompanied with fever, salicylate of soda, in doses of fifteen grains every two hours, was ordered. Shortly after taking the second dose, she had ringing in the ears, dimness of vision, as if a veil were before the eyes, and a tired feeling, and soon was seized with a very severe chill, lasting for an hour and a half, during which the temperature rose to nearly 105° in the axilla. After the chill, the temperature fell one or two degrees, and about an hour later, the patient broke out into a profuse perspiration. During this stage, lasting six or eight hours, the temperature gradually fell to the normal. Dr. Baruch regarded this attack as one of intermittent fever, the more confidently as the patient lived in a malarious district. The only thing about it that was not perfectly typical, was the short duration of the first and second stages. In order to satisfy himself concerning the diagnosis, he withheld quinine, waiting for the second attack, but it did not come. About five weeks later, on account of a return of the joint pains, salicylate of soda was again ordered in the same doses. Soon after taking the second dose, the patient had another attack of chills and fever, exactly like the former one, except that it was, if possible, more severe. Another case similar to this, in which, however, the symptoms were less marked, was related to the author about the same time. In previously reported cases of poisoning by salicylic acid, the symptoms were very different in character, and were caused by much larger doses of the drug. The author explains his

case by the theory that even small doses of salicylic acid may so act upon the calorific centres as to cause a paralysis of the temperature depressors. He does not regard the sweating as caused directly by the salicylic acid, but rather by an irritation of the perspiratory centres from increased temperature.

In the *Centralblatt für Klinische Medicin*, Dr. M. Loeb, remarking upon this case, states, that similar febrile paroxysms not infrequently follow upon the hypodermic injection of morphine. He does not hold the morphine responsible for these attacks, however, but thinks that they are due to the presence of certain forms of bacteria in the solution used. He relates the following case of renal hæmorrhage consecutive to the administration of salicylic acid. The patient, a man twenty-three years of age, was suffering from acute articular rheumatism, and took nearly half an ounce of salicylic acid in the twenty-four hours. At the end of that time, the urine was found to be bloody, and contained a large amount of albumen, and numerous casts and blood corpuscles, but became normal as soon as the drug was discontinued. Dr. Gerhardt stated to the author that he had also observed a renal hæmorrhage in several cases following upon the exhibition of salicylic acid. Dr. Loeb thinks that this action of the salicylates on the kidneys is deserving of special study, owing to the fact that this remedy has recently been recommended very strongly as the best antiseptic in scarlet fever, a disease in which renal irritants ought most scrupulously to be avoided.—*Med. Rec.*

EXTENSION OF DISEASE.—Owing to its comparatively loose texture, and to its intimate relation both to abdominal and thoracic organs, the diaphragm may transmit inflammatory changes. Hepatitis and nephritis may thus secondarily induce pleurisy and pneumonia.

When subserous cellular tissue, which always participates in the inflammation of a serous membrane, penetrates into the interior of an organ, it becomes a ready means of communicating the inflammatory action; but not so when the contiguous organ or subjacent part is of a different structure.

Involvement of a mucous surface tends to the formation of submucous œdema. In the intestines, however, the presence of a serous covering materially modifies the process, and indeed the fluid is forced, through increased activity of the follicular glands, directly into the alimentary canal. In the mouth, nose, pharynx, and parts about the glottis, there is no such limitation, and œdema is developed at once in the submucous tissue. In swelling of the face during an alveolar abscess, the exciting cause lies within the alveolar process, which transmits the irritation to the submucous connective tissue and thence to the cheek.

Pus from a deep temporal abscess may reach the mouth by way of the coronoid process and along the loose fat lying about the deeper portion of the temporal muscle.—*Allen's Human Anatomy.*

BOSTON'S SEWERAGE EXPERIMENT.—The *Springfield Republican* gives the following account of Boston's experiment of leading its sewage into deep tide water: "This morning the pumps will be set in motion at Old Harbor Point, the final discharge being at Moon Island. The entire cost has been \$4,544,272, and the building of the sewer is spoken of as 'one of the greatest engineering feats of the age.' It may seem a little hypercritical to express a regret on this inaugural day of great enterprise that Boston did not see fit to include in its plans all the possibilities in the case. London has taught the world that a nuisance can be turned into a profitable product available for agriculture. The market gardeners about the city eagerly take up all the sewage fertilizers turned out at the London works, and find them even better than what they buy in the market. At Pullman, the infant city of Illinois, also the revenue derived from the sale of the manipulated sewage is a good and fair interest upon the money invested in

the works, to say nothing of the incalculable benefit to the community in the solution of a serious difficulty. A glance at the North Cambridge and Arlington meadows, and, in fact, the market gardening section of Middlesex County, ought to satisfy any one as to the extravagance of the policy which dumps the refuse of a great city into the sea. It is an open question, moreover, whether the 'deep tide' will take and hold this sewage. Nantucket and the contiguous beaches may have occasion hereafter to thank Boston heartily for perfuming the surf and giving a new value to their bathing privileges. Of course, the present works need not be abandoned, even if they prove to be a nuisance. The pumping station can be turned into a fertilizing factory, but the roundabout way of getting at it will certainly be very expensive."

CHARCOAL AS A FOOD.—Whatever increases the power of laying on fat, or promoting the rapid and healthy production of flesh, must be food, or equivalent thereto. This pure charcoal does most effectually, as recently proved by taking the live weights of two lots of sheep, and simply separating them by an ordinary net, the artificial food, corn and cake, being carefully weighed out to each lot alike daily, one pint of charcoal being added to one lot only. When reweighed prior to selling to the butcher, the increase in weight was in favor of charcoal by 161-4 per cent. Sanitation causes easy and complete digestion, and assimilation only can account for these results, which charcoal alone can accomplish. The charcoal should be given, mixed with the food, except in urgent cases, when it may be mixed in water or thin gruel, and given as a drench. The dose is one pint to every twenty-five head of sheep or lambs; one-quarter pint per head for full-grown cattle, horses, or pigs; half the quantity for young cattle, and two teaspoonfuls to one dessertspoonful for young calves, daily, when suffering from disease, or in ill condition. To keep in good health, and fortify against disease, the dose should be given two or three times per week according to the class of food they are having, and the state of the atmosphere. The best plan is to wet a quantity of bran, pollard, or malt combings; mix the charcoal amongst it, and then amongst the food you give them. For rapid and healthy fattening of cattle, it should be used daily amongst their food. Charcoal for internal and medicinal purposes must be pure vegetable charcoal, free from all irritating and injurious foreign matter. The charcoal, when coming into the user's possession, must be kept perfectly dry and free from any ill-smelling surroundings, such as the vapors of a stable, or artificial manures, etc., or it will absorb them and thus become septic and of no medicinal value. It is better kept in a closed bin or tin canister with a closely fitting cover.—*Farm and Home.*

PARENCHYMATOUS KERATITIS.—When parenchymatous keratitis and sclero-keratitis become complicated with iritis and local and general treatment have failed, Carboné advises iridectomy.—*Arch. Ophthalmology.*

THE EFFECTS OF DISINFECTANTS ON THE CONJUNCTIVA.—Pflüger believes that every disinfectant which, though only temporarily, irritates the conjunctiva, causing increased discharge, creates more favorable conditions for the development of secondary affections. For this reason he is opposed to Credé's method for the prevention of blennorrhœa neonatorum, the instillation of a 2 per cent. solution of nitrate of silver.—*Archiv. Ophthalmology.*

ACCUMULATION OF EPIDERMIS IN THE EXTERNAL AUDITORY CANAL.—In these quite rare cases where the mass of epithelium fills the canal and its centre has undergone fatty degeneration, making it impossible to seize the mass or any part of it with the forceps, Blake bores into the mass with a cotton-tipped probe dipped into caustic potash. This converts the mass into a soluble soapy substance which can be washed away with the syringe. Of course this may have to be repeated a number of times.—*Archiv. Otolology.*

THE EXTERNAL TREATMENT OF PHTHISIS.—Dr. Thos. J. Mays describes a method of treating phthisis which has given him unusually satisfactory results. The apparatus used consists of a steam-jacket of tin metal made for the author by Tiemann & Co. of New York. The inside surface of the jacket is covered by a lining an inch in thickness, composed of cotton wadding covered with several thicknesses of flannel. This lining is moistened with water and heated before the jacket is adjusted to the chest. The jacket applied, steam is now forced into it through rubber-tubing from a boiler on a neighboring stove. Thus arranged it will be observed that it strictly fills all the requirements of a strong and powerful external stimulant, and, while its action is the same in kind to that of a hot flaxseed poultice, only a great deal stronger, it possesses many advantages over ordinary poultices and other appliances previously employed. It envelops the whole chest completely. It is light and readily adjusted. It retains its position on the chest without difficulty. It maintains a constant and uniform temperature. It requires no renewal every hour. The patients are allowed to remain in the steam-jacket for a varying period, from two to five hours each day. The steaming, besides causing an intense thirst, also calls forth a copious perspiration, and as a precautionary measure against a too sudden change in the bodily temperature, the patients are advised to dress dry and go to bed, cover up well after the jacket is taken off, and to remain there until sufficiently cooled off. The thirst is so great that a patient frequently drinks from two to three quarts of milk or of milk and water during three hours steaming. Together with this method of external stimulation, massage may be employed. In carrying out this treatment the ordinary hygienic measures, such as attention to the diet, etc., are not neglected. The author then gives details of nine cases of phthisis treated by this method, three of whom were cured and remain so; the other six have improved or are free from symptoms, sufficient time not having elapsed to enable the observer to say that a cure has been effected.—*Medical News*, March 8th, 1884.

MYRIACHIT AND ITS ANALOGUES.—Myriachit is the name given by the Russians to a peculiar form of nervous disease. Hammond calls the attention of the medical profession to this remarkable affection. Its victims are so peculiarly affected by it that they are forced to imitate everything suddenly presented to their senses. Thus, if bystanders give forth sounds imitating the grunting of pigs or the barking of a dog, the helpless victim must do likewise. If a bystander should suddenly slip and fall, the patient must of necessity do the same thing and in precisely the same manner. The phenomena of myriachit are similar to those observed by the late Dr. Beard among the "Jumping Frenchmen" of Maine and Northern New Hampshire. These "jumpers" when given a command immediately obey and at the same time repeat the order with a cry not unlike that of hysteria or epilepsy. Thus, two "jumpers" standing near each other were told to strike, and they struck each other very forcibly; another jumper who was sitting in a chair with a knife in his hand was told to throw it, and he threw it quickly so that it stuck in a beam opposite. They could not help repeating the word or sound that came from the person who ordered them any more than they could help striking, throwing, etc. It was not necessary that the sound should come from a human being; any sudden or unexpected noise, as the explosion of a gun or pistol would cause the jumper to exhibit some one or all of these phenomena. There is another analogous condition known by the Germans as *schlaftrunkenheit*, and to English and American neurologists as sleep-drunkenness. In this state an individual on being suddenly awakened commits some incongruous act of violence, oftentimes a murder. Sometimes this appears to be excited by a dream, but in others no such cause could be discovered.—*New York Medical Journal*, Feb. 16th, 1884.

PECULIAR SUSCEPTIBILITY TO FLAXSEED.—Dr. A. J. French reports

the case of a lady, sixty-five years of age, who could never make a flaxseed poultice or be in the room where one was made without immediately suffering from a feeling of fulness or swelling in the nose and throat, attended by violent sneezing. In some cases asthma followed exposure to the odor of flaxseed. When a child she used to amuse her playmates by biting a flaxseed in two and allowing one piece to lie on her lip, which would swell up at the spot where the piece of flaxseed was lying.—*The Clinique*, Feb. 15th, 1884.

EFFECTS OF THE OIL OF CHENOPODIUM.—Dr. Robert T. Cooper calls attention to the cases of poisoning with the oil of chenopodium reported by Dr. North three years ago. The symptoms observed were unsteady gait, partial loss of coördination, severe frontal headache, hallucinations, starting up suddenly and calling out to look at imaginary objects, tinnitus aurium, and deafness. In commenting on these cases, Dr. Cooper refers to the pronounced implication of the internal ear and it alone, as evidenced by the marked and persistent deafness without earache or visible change in the ear. The poison evidently fell with full effect upon the labyrinth with its semi-circular canals. *Chenopodium* ought to prove a valuable remedial agent in that distressing affection *Tinnitus Aurium*.—*Hom. World*, February, 1884.


COCA.—Dr. H. D. Hicks, of Boston, has used *Erythroxylon Coca* successfully to prevent and relieve fatigue; in those cases of backache accompanied by high-colored urine with excessive amounts of urates and uric acid. It renews the vigor of the intellect and relieves mental exhaustion, rendering the flow of thought more easy and the reasoning power more vigorous. It dissipates "the blues," leaving the mind calm. It destroys the cravings for alcohol.—*New York Medical Journal*, Feb. 23d, 1884.

THE USE OF MEMBRANE OF EGG FOR SKIN GRAFTING.—In a case of extensive burn unhealed after six years, Dr. Frank C. Wilson, of Louisville, Ky., made use of three different kinds of skin grafts, namely, from the skin of a young rabbit, from the human skin, and from the inner membrane of a perfectly fresh hen's egg. Of the three he much preferred the egg membrane as being much more readily obtained, and one egg will supply any number of grafts needed.—*Med. News*, March 1st, 1884.

IODINE IN MENTAL DISEASE.—Dr. Lilienthal reports the case of a man, æt. 25 years, who began to show a disposition to squander his earnings. He was full of grand, wise ideas and labored under the delusion that the world was coming to an end, and that he was appointed the judge over mankind. He steadily lost flesh, though his appetite was enormously increased—quantity he wanted, not quality. He received *Iodium* ²⁰⁰, three powders, one each night and placebos. In three weeks his mind completely regained its balance.—*Medical Advance*, Feb. 1884.

CHEKEN IN CHRONIC COUGH.—Dr. F. G. Hackelmann, of Rushville, Indiana, reports the case of a patient who had suffered from a cough off and on almost all his life, and especially in the winter months. Cheken in drachm doses, taken in water every four hours, gave immediate relief, and finally effected a cure.—*Therapeutic Gazette*, February, 1884.

News, Etc.

 News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.

IOWA UNIVERSITY.—The Seventh Annual Commencement of the Homœopathic Department of the State University of Iowa was held in the

Opera House, Iowa City, on Tuesday evening, March 4th. The exercises embraced a class-valedictory by D. W. Dickinson, B. Ph., and an address by Prof. T. P. Wilson, M.D., of the University of Michigan. The President, J. L. Pickard, LL.D., conferred the degree upon twelve candidates, three ladies and nine gentlemen.

NOTICE TO MEMBERS OF THE PENNA. STATE SOCIETY.—The following should have appeared last month, but was unfortunately overlooked by the editors:

The Transactions of the Nineteenth Annual Session (1883) of the Homœopathic Medical Society of Pennsylvania are ready for distribution to all who are entitled to them. If any member whose dues for 1883 are paid has not received his copy, let him notify the undersigned and it will be forwarded to him.

J. F. COOPER, M.D.,
42 North Diamond St.,
Allegheny City, Pa.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The annual commencement exercises of this institution took place at Chickering Hall on Thursday evening, March 13th, in presence of a crowded audience. President Wales conferred the degree of doctor of medicine upon fifty-two graduates. The programme announces the names of eighty-eight under-graduates who have successfully passed the examinations in one or more branches. The prospects of the college seem to grow brighter with each succeeding year and with each advance in its means and standard of education.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—The annual commencement of this college took place in the Grand Opera House, February 21st. After the reading of the annual report by the Dean, the college degree was conferred upon one hundred and sixteen candidates, nineteen of them being ladies. An address was delivered by President A. E. Small, M.D., and the valedictory by Rev. J. L. Jones followed. In the evening a banquet was given at the Palmer House, at which President Small acted as chairman and Professor Geo. A. Hall officiated as toast-master.

THE ANNUAL MEETING OF THE HERING CLUB was held on the evening of March 6th, 1884, at which officers for the ensuing year were elected. The Secretary reported that during the past year papers upon the following subjects were presented to the Club, viz.: Responsibilities of the Insane; Chronic Cervical Endometritis; Phosphorus as a Food and a Remedy; Acute Alcoholism; Electrolysis in Stricture of the Urethra; Cholera Infantum; Diseases producing Alopecia; Pathology of Hydrocephalus; Scrofulosis and Tuberculosis; Diseases of the Eyelids; Biliary Calculi; Asthma; Cystitis; Nutrition and some of its Allied Functions; Clinical cases in Ophthalmology and Otolology.

F. O. GROSS, M.D., Sec'y,
1409 N. 4th St.

REMOVALS.—Dr. W. K. Knowles, from Boston, Mass., to Bangor, Me. He takes the office and residence of the late Dr. Gallupe.

Dr. C. H. Hubbard, from Great Barrington, Mass., to Millville, N. J., to succeed Dr. M. B. Tuller.

Dr. W. R. Case, from Salt Point, N. Y., to Poughkeepsie, N. Y., in association with Dr. J. C. Otis.

Dr. Aug. Angell, from Stanfordville to Salt Point, N. Y.

Dr. W. H. Angell takes the place made vacant by the removal of his brother, Dr. Aug. Angell, at Stanfordville, N. Y.

Dr. T. E. Parker, from Parkersville, Chester Co., Pa., to Claremont, N. H., associated with Dr. F. L. McIntosh.

ERRATA.—Our types have made hodge-podge of the latter half of Dr. Morgan's article on *Picric Acid*. Readers will please correct as follows:

On page 101, February number, nineteenth line from bottom, read, "This proved quite lasting, and is interesting, partly on account of simultaneous eye and head symptoms."

Seventeenth line from bottom, for "lancing" read *laming*.

Thirteenth line, read: "those of the eyes and head—old symptoms, renewed and much aggravated," etc.

On page 102, last paragraph, read: "It may be objected that the eye and head symptoms, having previously existed, have no connection with the drug. I insist, however, that at this time, as always, they were the product of the joint action of two factors, viz.: a susceptible organism plus a pathogenic force." Erase "strange" and "alone."

THE CHICAGO HOMŒOPATHIC COLLEGE held its annual commencement at Haverly's Theatre on March 6th. The valedictory was delivered by Prof. R. N. Foster, M.D.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.—Dr. Cleckley, of Charleston, S. C., writes that homœopathic physicians are needed at Albany, Ga., Thomasville, Ga., and Columbia, S. C. The last named city contains about 12,000 inhabitants.

BUSINESS CHANGE.—Messrs. Boericke & Tafel have sold their Girard Avenue Pharmacy (Phila.) to Mr. Otto Vischer. Mr. Vischer is well known to the Philadelphia profession, having had eighteen years' experience with Messrs. B. & T. in their Arch Street pharmacies. He will keep a complete stock of medicines and publications. We wish him every success.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—At the thirty-third annual meeting of the Homœopathic Medical Society of the State of New York, February 12th and 13th last, the following officers were elected:

President.—Edward S. Coburn, M.D., 91 Fourth Street, Troy.

Vice-Presidents.—Henry C. Houghton, M.D., 12 West Thirty-ninth Street, New York; H. M. Dayfoot, M.D., Rochester, and A. P. Hollett, M.D., Havana.

Secretary.—John L. Moffatt, M.D., 17 Schermerhorn Street, Brooklyn.

Treasurer.—H. L. Waldo, M.D., West Troy.

Censors.—*Northern District*.—Drs. A. W. Holden, Glens Falls; W. T. Laird, Watertown, and D. E. Southwick, Ogdensburg.

Southern District.—S. P. Burdick and F. E. Doughty, New York, and H. Minton, Brooklyn.

Middle District.—N. B. Covert, Geneva; M. O. Terry, Utica, and W. E. Milbank, Albany.

Western District.—F. Park Lewis, Buffalo; Asa S. Couch, Fredonia, and T. D. Spencer.

The next semi-annual meeting will be held at Binghamton, September 9th and 10th, 1884, and the annual meeting at Albany on the second Tuesday and Wednesday of next February.

A cordial invitation is extended to all friends of homœopathy.

PULTE MEDICAL COLLEGE, CINCINNATI, O.—The Twelfth Annual Commencement Exercises of Pulte Medical College took place on the evening of March 5th, at College Hall, which was attended by a large audience of the best people of Cincinnati.

On the stage were seated a number of prominent citizens, Faculty of the college, and Board of Trustees. The graduating class numbered sixteen, of

whom three were women, as follows: W. H. Aikin, Ohio; D. W. Beale, Ohio; B. S. Beckwith, Ohio; Wm. Gaylord, Ohio; A. D. Haines, Ohio; F. R. Hill, Ohio; J. W. Light, Ohio; Clara A. Mackintosh, Ohio; Charles N. Nolan, Ohio; W. H. Outland, Ohio; A. N. Pierce, Nebraska; J. H. Shephard, California; Jennie Sneary, Ohio; D. J. States, Ohio; Cora E. Taylor, Kentucky; Emery G. Watts, Michigan.

Prof. Buck, Dean of the Faculty, delivered a brief address. In the absence of the President of the Board of Trustees, Mr. C. O. Robertson, the degree of the college was conferred by Prof. J. D. Buck. The first prize given by the Faculty, a gold medal, for the best general examination, was awarded to J. H. Shephard, of California. Three prizes were given for the best examination in clinical medicine and surgery, the first \$25, the second \$15, the third \$10, to D. J. States, of Ohio, Charles N. Nolan, of Ohio, and J. H. Light, of Ohio, respectively. The third prize, a medal, for best examination in physiology, was awarded to E. G. Watts, of Michigan. The annual address was delivered by the Rev. A. S. Hobart, and the valedictory by Dr. D. J. States.

THE USUAL SPRING COURSE OF LECTURES AT HAHNEMANN COLLEGE, Philadelphia, will begin with an introductory by Prof. O. B. Gause, M.D., on Thursday, April 3d, 1884, at 10 A.M. The curriculum embraces practical and important subjects, some of which cannot be fully studied by students of the two years' course in the regular winter session.

The following branches of study will be presented:

Post-mortem examinations, by Prof. A. R. Thomas, M.D.

Sanitary Science, by Prof. P. Dudley, M.D.

Gynecology, by Prof. B. F. Betts, M.D., and I. G. Smedley, M.D.

Clinical Surgery, by Prof. C. M. Thomas, M.D., and W. B. Van Lennep, M.D.

Clinical Medicine and Physical Diagnosis, by Prof. C. Mohr, M.D.

Topographical and Practical Anatomy, by R. B. Weaver, M.D.

Microscopy and Histology, by W. K. Ingersoll, M.D.

Botany and Pharmacy, by E. M. Howard, M.D.

Ophthalmology, by W. H. Bigler, M.D.

Laryngology and Otology, by H. F. Ivins, M.D.

Neurology, by C. Bartlett, M.D.

Dermatology, by E. M. Gramm, M.D.

Syphilis, by W. B. Trites, M.D.

Genito-Urinary Diseases, by W. T. Maguire, M.D.

Urinary Analysis, by O. S. Haines, M.D.

Practical Surgery, by W. H. Keim, M.D.

Practical Obstetrics, by J. N. Mitchell, M.D.

Practical Chemistry, by W. S. Roney, A.M.

The registration fee is fixed at \$5.00. Tickets for the course, \$10.00, which can be obtained of the Dean, Prof. A. R. Thomas, M.D., 1733 Chestnut Street. Tickets for the practical courses, \$10.00 each. Students of the three years' graded course and graduates of the college will be charged for registration only.

THE MINNEAPOLIS HOMŒOPATHIC HOSPITAL.—The association organized in Minneapolis, Minn., some two years ago, for the purpose of establishing a homœopathic hospital, has recently occupied the new building provided for that purpose, though the association has been carrying on its benevolent hospital-work in another building.

The hospital is a large, brick building, on Fourth Avenue south, between Twenty-fourth and Twenty-fifth streets. The building itself is situated on an eminence, overlooking the whole city, in the centre of grounds two acres in extent. Altogether, no finer or better location could have been selected. From each window a magnificent and unobstructed view can be had.

of the surroundings, while each room is lighted and warmed by the sun each day. Driving up to the broad porch and entering the roomy door, the visitor finds himself in a wide, high hallway, extending to the rear of the house. At the left hand are two large rooms, known as "Ward A," where the male patients are treated. Through connecting doors entrance can be had with the dining-room, kitchen, pantry, linen-room, and closets. On the opposite side are similar rooms, which will be used for wards when occasion demands. All the woodwork is of the finest workmanship, of hard wood oiled and polished. The wide, easy stairway leads to the second story, where, on the left hand, are the rooms used by the Hahnemann Society—an organization of ladies who have established the ward, and are responsible for its support, besides being an integral part of the association. Here especial attention is given the diseases of women and children. The nurses' and servants' quarters are also on this floor, in the rear part of the building. The superintendent and family have a large, pleasant room in the front part. On the other side of the hall are four rooms—large, admirably lighted and pleasant rooms, suitable for the use of patients. Two stairways lead to the attic, a high, roomy place, which can be fitted up at a slight expense, if desired. A fine view can be had from the tower, which extends fifteen feet higher than the roof. A basement, with the floor cemented, extends under the entire building, divided into rooms by brick walls. Three furnaces supply the heat to the building, enabling the superintendent to gauge the temperature of each room independent of the others. A laundry-room, fitted up with tubs, pumps and everything necessary, is situated in the rear part of the cellar. Two cisterns, each holding 300 gallons, supply the water required. All the woodwork is of the most substantial character—hard butternut or ash. The mantel-pieces are of marble. A conservatory fronts on Twenty-fifth street, extending from "Ward A," and a large bathroom, fitted up in excellent shape, adds to the conveniences of the building, while closets are plentiful and convenient. At the rear of the lot is a substantial, two-story, brick barn, with stalls for horses and cows, and ample space for carriages or storage. The sewerage is in accordance with the latest and most approved designs. Dr. E. J. Hall is the resident physician and superintendent. The property is valued at \$35,000, and the building will easily accommodate forty patients.

PROFESSOR HOUGHTON'S LIBRARY LECTURE.—On Wednesday evening, March 19th, Professor Houghton, the distinguished aural surgeon, of New York, delivered before the Homeopathic Library Association, of Philadelphia, a lecture on the Advances in Aural Surgery during the last quarter of a century. He introduced his subject by quoting from the writings of ancient and modern writers, to show the almost entire ignorance of the subject which prevailed down to, and including the first half of the present century, and that until quite recently the professional conception of the diseases of the ear was expressible by the two terms *deafness* and *otorrhœa*. Giving a brief classification of diseases of the ear, he pointed out the influence of instruments of diagnosis in the development of Otology. The doctor also presented his views on various points connected with treatment, and at the close of his lecture, kindly answered numerous questions bearing upon his subject. The attendance was not so large as it should have been, the weather being inclement, but the lecture was heartily enjoyed by all present, and a hearty vote of thanks was tendered to the speaker.

DECEASED.—Scheetz.—On Sunday, March 22d, 1884, of phthisis, Henry A. Scheetz, Jr., M.D., of Bristol, Bucks Co., Pa.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.

SANITARY GLEANINGS.

BY

BUSHROD W. JAMES, A.M.

Philadelphia, April, 1884.

Editorial.

THE progress of sanitary science, with the increased comforts which have accompanied its march, affords food for speculation as to what new fields it must pass through before it reaches its final culmination. The victories of the past suggest possibilities for the future ; for, though a science be always *perfect*, the art by which it is applied is better understood as time advances. If the science which underlies it all be worth the following, it is attended year by year with a more enlightened and a more persistent skill.

But, first, let us indulge in a retrospect ; examine and see how much we have advanced in the last thirty years, yea, in probably half that number.

In the first place, sanitary societies have been formed in all parts of the civilized world, and enrolled on the lists of such are the foremost men in scientific and literary circles. In Great Britain this is especially true. The names of Huxley, Carpenter, Corfield, the Duke of Argyle and many of the nobility of the land are well known in connection with progressive sanitary reform.

These societies are active, working organizations, with definite aims, and well understood means of accomplishing them. Some of these societies are merely advisory boards ; others execute the necessary sanitary works, in addition to advice given as to their execution. They have been the means of bringing to the public mind the terrible statistics of disease and

death arising from a lack of proper hygienic care, and of pointing to the means of *preventing* these evils, rather than of attempting to *cure* them after they have made their deadly inroads upon the health of communities. This has been followed by a decrease in the death-rate that is nothing less than marvellous. There was a time when, in London, 80 persons died yearly out of every 1000. *Now* the proportion is somewhere about 20 out of every 1000 ! The best of these sanitary associations devote the bulk of their attention to *inspection* first, and *remedies* afterwards. To give a complete history of these inspection-tours would fill folios with matter more interesting to the sanitarian or humanitarian than the most entrancing romance ever penned by Dickens or Hugo. One of the earliest of these inspection societies was the "District Board of Health in St. Pancras" (London). Their first report ran thus: "Besides the closing of two graveyards, 1017 separate sources of infection were abolished by the removal of cesspools, the renewal and trapping of drains and sinks, the removal of refuse, and the lime-whiting of walls, etc., which was the result of 2500 inspections, and 225 notices to nearly 100 landlords; 4000 feet of excrementitious matter were removed; 6180 feet of foul house-drains were renewed or cleansed," etc. And this was done in a district which represented only the $\frac{1}{280}$ th part of that huge city.

With the advance of this new science, the spread of literature on hygienic subjects has kept pace. Besides the treatment of sanitation in the medical journals, some half-dozen first-class periodicals, in this country and abroad, are published weekly and monthly, exclusively devoted to applied sanitary science. A constant source of information is thus afforded, and a field for controversial writing is opened to those who may wish to use it. Every conceivable branch of the subject is dwelt upon in these papers, and the comparative merits of the different forms of ventilation, sewerage, water-closets, house-drainage, etc., are amply argued over for and against. These discussions are, in themselves, a sign that hygienic subjects are awakening real interest, and that, in short, they are to be numbered among the leading and burning questions of the day.

But these journals have done, and are doing, a valued work for good, in showing forth the disgraceful condition of some of the schools and tenements and other structures in our large cities. The *Sanitary Engineer* and *The Sanitarian* have given much labor and space to this all-important subject, and the New York schools have been pictured forth in all their glar-

ingly defective colors. The Chicago institutions are now being similarly dealt with by the *Sanitary News* of that city. These journals, as well as others, and most of the daily papers of our city have fairly won in this direction the right to the title, "*humanitarian*." Schoolrooms in Germany, and a few scattered ones elsewhere, are now built with mathematical precision to insure the best sanitary results. The desks are slanted at an exact angle, the windows are built at a certain height, the heat is equally distributed, there is just so much cubic air space to each pupil, while the care of the eyes is likewise being looked after.

Sanitary reform has not been limited to private organizations, or professional literature. The nation, the State and the city have taken hold of the subject,—not, indeed, as firmly as they should, but the grasp is tightening every year. The Boards of Health, in some States at least, have ceased to be merely political clubs, and are active prosecutors of all that is opposed to the health of the people. In Massachusetts a bitter war is in progress between the Board of Health and certain members of the drug trade, resulting from the determination on the part of the former to put a stop to the adulterations of the latter. In New York 2000 packages of Pingsuey teas were lately seized by the custom-house officers, acting in accordance with United States law. The inspectors at this same port also seized, about the same time, packages of teas adulterated with the Chulan berry, and reshipped them to London. In some instances detection in adulteration has been followed by fine and imprisonment. We take delight in announcing that these same Argus-eyed officials rejected, in the course of nine years, over 900,000 pounds of adulterated drugs and medicines, and that the experience at other ports is similar.

In regard to legislation to prevent the pollution of streams, some necessary measures have been passed, though they have not been sufficiently brought into active service as yet. The Schuylkill water, for instance, has been a source of trouble and anxiety to the citizens of Philadelphia for years. It has been partially polluted far away in the mining districts, and nearer home with the dregs of the factories, a few miles above the city, to such an extent that it has become quite necessary to filter it at times for table use. The authorities now propose to build an enormous sewer, which will carry away this deleterious matter near the city, and empty it into the Delaware River, several miles *below* the tapping points. This is spoken of in this connection merely as an instance of the fact

that the world is moving in sanitary, as well as in other knowledge.

Sanitarians are beginning to espouse the cause of electricity in the lighting of our houses as a health-measure. The products of combustion are not sufficiently carried away in the use of gas, lamps, or candles; but in the many forms of incandescent lights that are now coming into use, the flames are produced in vacuo, which, of course, prevents the generation of heat, as well as the productions of combustion from mingling with the air of the room.

Sanitary engineers are now in league with the physicians, in a determined effort to probe into the mysteries of malaria. River flats are being dredged (as at Washington); the planting of certain kinds of trees is being advocated, and has been put into serviceable use in many places; the science of *plumbing* is becoming a fine art. Once the name of plumber was never mentioned without a sneer or a joke. Once the plumber was the householder's worst enemy. "Scamped" work was the rule, and not the exception; joints were made in the clumsiest fashion; leaks were *puttied*; and the use of traps was practically discarded. Now, in every large city there is a "Master Plumber's Association;" there are discussions about the best methods of *scientific* plumbing; men who do disreputable work are frowned upon by their brethren of the craft; and the conscientious educated plumber is one of the householder's best friends,—working with the family physician in *preventing*, as well as *fighting* disease. In New York and Philadelphia, possibly in other cities also, we now have *schools for plumbing*, where the trade is taught as it should be. The cities have adopted plumbing regulations, which have done incalculable good, though yet far from perfect. There are frequent arrests in New York for the violation of these laws, and plumbers and builders are now *forced* to obey the laws of health. It is not our present purpose to criticise these regulations, the defects of which will doubtless disappear in time, but to point to the fact that their very existence is one of the undeniable proofs of the advance of sanitary science.

Under-drainage has transformed many a pestilential region into a paradise. All these things, which, of course, can only be hinted at in an article of this sort, are the outcome of progressive sanitation,—things that would not have been dreamt of, years ago.

Notes.

A WATERY SOLUTION OF SUGAR OF MILK is excellent for infants, when it is impossible to get pure cow's milk.

VERDICT OF A RECENT CORONER'S JURY.—“The child was suffocated but there is no evidence to show that the suffocation was before or after death.”

“TONIC” has been suggested as an appropriate name for a dog,—a mixture of *steal*, *bark*, and *whine*.

IN GLASGOW, SCOTLAND, all water-fittings must be examined and tested before using. There is a staff of twenty inspectors to prevent the waste of the precious fluid.

\$50,000 have been won by the Board of Health of Louisiana in a suit against a steamship company which had for many years refused to pay quarantine fees.

COLONEL ZIEGLER, Chief Surgeon of the Swiss army, states that 800 recruits are rejected yearly for malformation of the feet, resulting from badly fitting shoes.

A CANDIDATE for a doctor's degree, when asked, “when does mortification ensue?” replied “when you propose and are rejected.”

“THE STOMACH,” says a great authority, “should not be disappointed when it expects to be replenished. If disappointed, even a diminished amount of food will be taken without appetite; which causes the secretions to injure the stomach, or else impairs its muscular action.”

TO ENCOURAGE ORIGINAL RESEARCH in Sanitary Science the Worshipful Company of Grocers, in London, offer three Research Scholarships, each of the value of £250 *per annum*, for British subjects only. Another prize open to universal competition, is offered of the value of £1000, and to be competed for once in every four years.

THERE ARE FIVE distinctly sanitary journals in Great Britain, two in Germany, four in France, one in Spain, and three in the United States and now the “*Gleanings*” makes the fourth.

A FRENCH DOCTOR, who was fond of gunning, came home one night after a day of sporting, and complained that he had killed nothing. "That's very unusual for you, sir," replied his assistant, gravely.

SIR JAMES PAGET says that the essential elements of healthy recreation are uncertainty, wonder, and the exercise of skill.

WE BELIEVE THE BEST TRAPS to be the self-ventilating ones, made of brass or glass or other good material. The others are very subject to siphonage.

THE MAYOR OF BROOKLYN has manifested a careful interest in the well-being of the schools of that city. Happy Brooklyn!

WOULD IT NOT be a good thing for district visitors amongst the poor to distribute good sanitary circulars in addition to any religious tracts they may give out? Cleanliness is next to godliness. You can't make people very godly or reform them much unless you also teach them the laws of health and cleanliness.

PHYSICIANS IN CITIES SHOULD KNOW the names of several good sanitary plumbers in the neighborhood, so that when they give advice as to unsanitary arrangements they may be able to mention to the patient some trustworthy plumber, who understands how to remove the source of the trouble. A premium will thus be placed upon honesty and correct work.

DO NOT LET your rain-water pipe do the office of a ventilator of the soil pipe, if you wish to avoid the evils of bad air, noxious odors, and possibly typhoid or malarial fever.

THE STATIONARY WASHSTAND in your bed-room must not remain stationary for too long a time without inspection. It is possible, we believe, to build them with perfect safety, but it is seldom done. If you must have them, get them well trapped and so that the water will not siphon out of the traps.

IN THE BUILDING of your house do not sacrifice light or ventilation for the sake of a pretty effect. Many of the "English"—a misnomer, by the way—houses that delight the eye of the architect are positively ruinous to the health, by means of their angles, dark corners, and twistings.

A SMATTERER in letters at a literary club abused all the modern literati. A cynic observed: "He would abuse the ancients, too, *if he knew their names.*"

IN VOTING FOR OFFICIALS whose duty it is to look after the health of the people, do not allow party feelings to get the better of your judgment. A health officer may be a most efficient "Republican" or "Democrat" or "Independent," but that is no reason why you should vote for him if he is ignorant of sanitary matters, or of his duties, or evades strict honesty. Remember the maxim: *Salus Populi Suprema Lex.*

DO YOUR BEST to protect the State Boards of Health in their efforts to crush out adulterations of food and medicines. Do not vote for Representatives who are in league with corrupt dealers in groceries, condiments or drugs, and dishonest importers of adulterated food.

EVERYBODY. Right wheel! present arms and shoulders!! Take aim with drugged flours and chemical self-raising foods!!! Cast them forward!! Fire! To the fire or mud.

BE SURE TO PUT A COWL on the top of your ventilating pipe, and fix it so that the air can take all legitimate liberties with it.

DO NOT SEND your children to schools which are defective in sanitary precautions. The young especially need good light, good temperature, regular meals, nutritious food and good hygienic arrangements of all descriptions.

READ THE SANITARY PAPERS and keep well informed on all that bears upon this most important subject. The health of your family may depend upon the exactness of your own knowledge.

DOES *your* child, at school-recess, eat sour-flour cakes and doughnuts and dirty pies and candies from street-venders?

THE COCOANUT is recommended as an exceedingly healthy and nourishing food.

THE WATER-WASTE of our great cities is one of the serious evils of the age. 35,000,000 gallons—half the supply—are said to be wasted daily in Philadelphia.

IN THE DIGGING of artesian wells, the water should be carefully tested before using. The waters of the lower strata are frequently poisonous.

FRESHLY BURNED CHARCOAL is said to be the best cure for bad-smelling cisterns. But nothing will properly remove the impurity, until the cause itself is removed: in other words, you cannot remove the cause by placing chemical ingredients in the water, but only by tearing up the leaking drain, or removing the cesspool which stands too dangerously near the cistern.

A RECENT EPIDEMIC of enteric fever in London, has been traced to infected milk. Scarlet fever and diphtheria are spread through the same agency.

THE *Medical Times and Gazette*, of London, considers pure beer the most sanitary drink at our command,—superior to tea, coffee, or milk, and the universal drink of the future. But how are we to keep out drugs and other improper ingredients in its manufacture?

THERE ARE 140,000 HOMES in France without a window, with no flooring but the soil, without chimneys, and where families and brute beasts are herded together in common.

THE APPROACHING international health association in London will be held under the presidency of his royal highness the Prince of Wales.

THE HEALTH AFFAIRS OF DAYTON, OHIO, have been wrested out of the hands of the politicians and placed in those of the people.

MR. HATCH, OF MISSOURI, has introduced a bill into Congress to prevent the spread of contagious diseases among domestic animals.

THREE DEALERS IN ADULTERATED MILK have lately been tried and convicted in New Jersey.

EVERY ONE interested in Sanitary Science should take steps towards joining the American Public Health Association. It is not necessary to become a regular member: if you have only a general interest in the subject, you may be elected an *associate*.

THE SECRETARY OF STATE has decided to establish a system of inspection and disinfection of rags in Egypt.

OF TWENTY-FIVE samples of pepper lately examined, twenty were found to be adulterated from 5 to 60 per cent.

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THE ACTION OF THE PATELLA, ITS FRACTURES, AND THE BEST METHOD OF TREATMENT.

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(Read before the New York Society for Medico-Scientific Investigation.)

THE subject which I have chosen may seem trite, and hardly in accordance with the object for which this Society was organized, and yet there is probably no seemingly simple thing in surgery which gives the surgeon more trouble than fracture of the patella. This bone lying so superficially, and being so easily movable, one would imagine that to bring the parts into apposition and so retain them until bony union had taken place, would be a comparatively simple matter. But the experience of surgeons is to the contrary; and a tendinous union allowing of a separation of the fragments from one-fourth of an inch to a much greater extent, is the rule. Also, after apparent recovery, there is great liability of refracture or of reseparation of the fragments, or of stretching of the tendon from muscular exertion.

The results of ligamentous union vary with the length of the ligament. If this is short and strong, it may cause no trouble whatever; but if longer may give rise to difficulty in certain movements of the limb where great muscular exertion is required, as in ascending or descending a flight of stairs. It may even be so bad that the patient is not able to extend the leg when flexed; and in such a case he is obliged to wear a posterior splint to keep the leg in a line with the thigh. Of course, under the circumstances, running and going up and down stairs are difficult, and the patient is obliged to swing his leg in an awkward manner, even in walking on level ground. Considering, therefore, the importance of this fracture,

and the fact that of late there has been some discussion as to the proper method of treatment, I venture to present to this Society a brief review of the subject.

We must first take into consideration the parts entering into the formation of the knee-joint. This is a ginglymus or hinge-joint, formed by the condyles of the femur above, and the head of the tibia below. The patella slides up and down over the lower end of the femur, between the condyles, and its posterior surface is covered with articular cartilage, while the remainder of the bone is surrounded with the tissues of the tendon of the quadriceps extensor muscle, and the ligamentum patellæ. The ligamentum patellæ is a very strong, firm ligament, about three inches in length, and is inserted into the lower portion of the tuberosity of the tibia. At the upper part of the tuberosity it passes over a bursa. The space of the tibia covered by this ligament is about two inches in length, leaving about an inch of the ligament, which runs over the lower end of the femur, before reaching the patella where it takes its origin.

This shows that the patella itself does not cover the line of junction between the femur and tibia. This fact is also shown when making the transverse incision for resection of the knee-joint. If one makes this incision just below the lower edge of the patella, he does not come into the joint, but simply cuts down upon the condyles of the femur; whereas, in order to come into the joint, the incision must be made from one-half to three-fourths of an inch below the patella.

This seems to me to indicate that the idea that the patella protects the joint is erroneous; for, as has just been shown, it not only does not cover the joint, but it is too small and brittle to protect such a joint as the knee. When nature wishes to protect a large and important joint she covers it over with thick layers of muscular or other yielding tissue instead of bone, as is illustrated in the cases of the shoulder and hip-joints. Therefore I consider the knee-joint much more effectually protected by the tough ligamentum patellæ and its strong, fibrous, lateral expansion, than by any bone of moderate size.

The patella is considered analogous to the olecranon process of the ulna, and this is doubtless so; not, however, for the protection of the joint, but for another object, as will be shown further on.

When one kneels on the floor, the lower edge of the patella just touches the floor, but the weight rests principally upon the tuberosity of the tibia, the ligamentum patellæ, and the

loose tissue underneath it. The patella itself is placed as far up and as much out of the way as is compatible with its office, showing that the patella, instead of protecting the joint, is as thoroughly protected as possible itself. Now comes the inquiry, What is the object of the patella? The answer is given in Gray's *Anatomy*, page 261, where it says, "It increases the leverage of the quadriceps by making it act at a greater angle." The necessity of this will soon appear. The quadriceps muscle is a power acting on a lever of the third order, and always working at a mechanical disadvantage. The fulcrum is the lower end of the femur pressing against the flat upper surface of the head of the tibia, the power is attached at the tuberosity of the tibia at about an inch from the fulcrum, while the weight is the foot. Nearly all muscular action takes place working upon levers of this order, and this is because rapidity of motion is required at the expense of power, and also because there is no space for the application of levers of the first and second order. But the mechanical disadvantage is much greater in the case of the extensors than of the flexors, because the force is exerted in a direction parallel, or nearly so, with the axis of the lever, with the fulcrum directly against its end. Also the leverage of the extensor muscles does not change with the position of the limb as it does with the flexors. In the case of the extensors, the direction of the force is always the same, and the position of the fulcrum the same in all positions, while with the flexors the angle is increased and the force acts more in a lateral direction in proportion to the amount of flexion—while the resistance of the fulcrum becomes more lateral in the same proportion. For example, when a limb is in a state of extreme extension to start with, the flexor muscle acts at the same mechanical disadvantage as the extensor, but this disadvantage decreases as the angle of the muscle with the bone is increased.

In the extremities, as in the fingers for instance, where flexion as in grasping is the important motion and extension merely secondary, this lack of advantage in the extensor muscles does not matter; but with the leg and arm the case is quite different, and any contrivance which serves to increase the angle of the force increases the leverage of the muscle, and consequently adds to its power.

This is the mission of the patella. It is a short thick bone, and by raising up the tendon of the quadriceps it increases its angle of attachment with the tibia. To be sure this angle can not be greatly increased thereby, but a slight advantage where the muscle is working at such a disadvantage is a great gain.

One might ask, "Why would not the tendon passing over the thickened end of the femur serve the same purpose?" This can easily be answered by showing that this thickening being added to only one point affects the leverage only at a certain degree of flexion, while the patella being connected with the tibia by means of a dense non-elastic tendon, the distance, relation, and angle are always the same whatever the position of the limb may be. It thus answers the same purpose as the olecranon, but as it is in such an exposed position it would be more easily broken if it were solidly attached to the tibia.

CAUSES OF FRACTURE OF THE PATELLA.

The patella may be fractured by direct violence, as a blow or a fall on the knee when strongly flexed, by muscular action, or a combination of both causes. It is sometimes difficult to decide whether a fall is the cause or the result of a fracture, as the patient is unable to state whether the bone was broken by the strong sudden contraction of the quadriceps, and that he fell in consequence, or that the fall preceded the fracture.

When the leg is extended, or nearly so, the patella is balanced over the sharp anterior projection of the condyles of the femur, and is subject to what is known as "cross breaking force," one end being acted on by the quadriceps and the other by the flexor muscles of the leg acting through the ligamentum patellæ. Thus the bone is subjected to the same sort of force as is a stick when one attempts to break it across his knee. It is also subjected to the same force when the leg is strongly flexed, but is not balanced over so sharp a projection, for, in flexion of the leg, the patella slips from this projection to the more flattened but still convex under-surface of the end of the femur.

If at this time a fall should occur, striking the lower edge of the bone against the floor, a sudden accumulation of force would be produced whereby the bone might be broken.

Of course a fracture caused by muscular action would always be transverse, while one by direct violence may be transverse, longitudinal, comminuted, or compound. In a case of my own the fracture was caused by muscular exertion in an effort made by the patient to save himself from falling down stairs. In this case it was impossible to tell whether the tendon of the quadriceps was torn from the bone, or if a very thin slice of the upper edge of the bone was taken with it. The contour of the bone was perfect, as nearly as could be determined from

the surface, while just above the bone was a depression between it and the end of the tendon, into which I could press my finger. This shows that even when the fracture takes place by muscular action it may be transverse at any portion of the bone.

SYMPTOMS.

The symptoms of a fracture of the patella are as a rule very plain, but in one or two cases mistakes have been made.

The history of the case usually is that the patient has had a fall or a blow on the knee. The fracture may have been caused by the patient losing his balance, and in endeavoring to throw the body forward in trying to regain it, the quadriceps is put suddenly and powerfully on the stretch and the bone fractured.

The portions of the bone will be found separated to a distance varying from one-half of an inch to two inches or more, and if there is any effusion into the joint it will be impossible to bring the fragments into approximation sufficiently to obtain crepitus. It is easy to obtain it in other cases. The space between the fragments will be indicated by a shallow depression where the prominence of the bone is usually found. The patient is totally unable to extend the leg or to stand.

It is claimed by some surgeons of late that the separation of the fragments is due, not to the contraction of the quadriceps, as was formerly supposed, but to the effusion into the cavity of the joint, and the extensive tearing of the lateral ligaments which takes place from the injury.

This is, however, an unsettled question, though it does seem to me that under such conditions the fragments might be forced apart.

PROGNOSIS.

The prognosis is generally good so far as obtaining a useful limb is concerned. The union is generally ligamentous, although bony union is sometimes obtained. Sometimes after death, on longitudinal section of the patella, it is discovered that what was during life supposed to be bony union was really ligamentous, the ligament being so short and firm as to preclude the sliding of the fragments upon each other. Some surgeons claim that ligamentous union is preferable to bony union, as being stronger, and many cases are on record where, even with extensive separation of the fragments, little or no difficulty is experienced in locomotion. But such cases are rare, and it seems reasonable that the more nearly a broken bone can be restored to its natural condition the better will be

the result. So that the methods of treatment adopted are the best which most perfectly fulfil the indications.

TREATMENT.

In looking over the literature of this subject, I have counted over thirty different methods or modifications of methods of treating this fracture, but will only briefly refer to four.

Two of these consist in forcing the fragments together by pressure from above and below. The third is by means of Malgaigne's hooks, and the fourth by suturing the fragments with wire. All of these methods are subject to certain objections, which will be considered in turn.

In the first two methods the indications are to place the limb in such a position and to apply such apparatus as will retain the lower fragment in position, and draw down the upper fragment.

It is obvious that the lower fragment, being only attached by the ligamentum patellæ, only needs something to hold it in position without much traction; but the upper fragment, being drawn up by the contraction of the quadriceps, needs sufficient force to be exerted to overcome this contraction.

The usual method of doing this is by making pressure on the tendon just above the upper margin of the bone. This accomplishes the object desired, but if the pressure is made in a direction *too laterally*, the course of the blood through the nutrient artery of the bone is apt to be shut off, whereby harm may be done. This fact is especially dwelt upon by Manning and Thomas.

However, practice has demonstrated that, pressure properly applied, and the traction made more longitudinally, this danger is obviated. The question of position is still an unsettled one; some surgeons, as Callender, contending that the raising of the heel is of no use, while, on the contrary, the great majority of surgeons consider that the relaxation of the rectus femoris, obtained by raising the heel, is an important factor in the treatment, and it does seem that the rectus being attached to the inferior spinous process of the ilium and the brim of the acetabulum, some lessening of the tension would be secured by the flexion of the thigh on the abdomen. Still, the fact that only one head of the quadriceps is attached to the pelvis, while the three others are attached to the shaft of the femur, and are not affected by raising the foot, is rather an argument in favor of the horizontal position. As to flexing the tarsus on the leg with a foot-piece running at right angles with the

back splint, I can see no reason for it. None of the flexors of the tarsus have any connection with the patella, and, placing the foot in the right-angle position, can have no influence whatever. For a description of the first method, and the one I consider the best, I give the one quoted in the *International Encyclopædia of Surgery*, vol. iv., p. 231:

"This is an apparatus used in the Middlesex Hospital in London, and is known as 'Manning's Method.' A broad piece of moleskin plaster, cut out at one border somewhat horseshoe-shaped, but with the ends of the curve prolonged, is fixed to the thigh so that the curved edge is level with the normal position of the patella, and is retained by a few turns of a roller. Next, the limb is fixed into a well-padded McIntyre's or wooden-back splint having a foot-piece. Then the lower fragment of the patella is fixed by means of a pad of lint and a broad strip of adhesive plaster applied figure-of-8 fashion around the limb and splint; and the bandage which confines the foot and leg to the splint is continued upward as far as this pad, which it assists in fixing. To the prolonged ends of the moleskin are sewn pieces of bandage which are attached in turn to India-rubber accumulators, one on each side of the leg; each of the accumulators at its lower end is fastened to a piece of bandage, and these are tied together below the foot-board of the splint. With a pad of lint at the upper border of the superior fragment of the patella, beneath the free edge of the moleskin, the requisite amount of tension is obtained by tightening the tied pieces of bandage."

There are two points of advantage in the use of this apparatus: 1st, the continuous tension of the rubber accumulators, even if the adhesive straps do stretch, and they always do to a great extent; and 2d, the broad surface of the anterior surface of the thigh on which traction is made. It is surprising how much the upper fragment can be brought down by this surface-traction alone. It is hardly necessary to remark that, before any immovable and confining apparatus is applied, the acute local inflammation should be subdued.

The second is the method mentioned by Hamilton, in the last edition of his work on *Fractures and Dislocations*. He takes shellac cloth or leather (not felt), and, after softening it in hot water for a few moments, moulds it to the posterior half of the limb, letting it extend from about three inches below the buttocks to about the same distance above the foot. He is careful not to mould it too closely into the hollow of the ham, but to leave space enough for a pad of cotton. Then he takes a bag

of cotton cloth and draws it over the splint after it is sufficiently hard. This bag is drawn tight at the ends, but is left loose enough at the sides so that the limb may be received into the concavity of the splint. The bag is now stitched down the centre through the back of the splint. It is then applied to the limb, and secured by a few turns of the roller above and below. The assistant now presses with his fingers the fragments of the patella into place, while the operator secures them with figure-of-8 turns of unglazed muslin crossing at the back. The bandage is now stitched to the sides of the bag, and, if it becomes loose, may be tightened by drawing up with a needle and thread. The foot is elevated on a cushion. He prefers muslin bandages to plaster strips, because the former, if unglazed, conform to the depressions above and below the patella, so that no pad is needed. It is also less liable to cut into the flesh at the edges than the plasters.

This inclined plane splint, which he mentioned in the early editions of his work, he seldom uses now, except in cases of great separation of the fragments.

As to the use of Malgaigne's hooks, these hooks have been modified by Drs. Levis and Morton, of Philadelphia, so that each hook works independently of the others, thus allowing of a more perfect adjustment.

In a paper read by Dr. R. J. Levis, before the American Surgical Association, and published in the first volume of the *Transactions* (vol. i., p. 99), he gives his reasons for preferring the use of the hooks to other apparatus. I give a short abstract of his article. He claims that all means of cure of fractured patella by external pressure presuppose the existence of a depression or grooves above and below the patella. These grooves do not exist, and have to be made by the pressure of pads or bandages, and thus the fragments are tilted, so that, though the posterior edges may be together, the anterior edges gape. The bone, being reproduced from the periosteum, and the edges of the periosteum being considerably separated by the tilting of the fragments, enough ossific deposit is not thrown out to fill the space. Also the patella, not being symmetrical, and its outer upper edge being about one-third of an inch higher than the inner, the outer edge is more strongly pressed upon, bringing the outer fractured surfaces in closer approximation than the inner. For this reason the inner portion of the ligament is the longer.

Ordinary apparatus is objectionable, because it makes pressure on the inflamed structures of the joint. Unequal pressure

increases the inflammation, impedes the circulation, and thus prevents bony union.

Mr. Benjamin Bell makes one-third of an inch the limit of the length of the ligament, with complete restoration of the function of the knee, and other surgeons agree with this estimate.

Inability to bear burdens, or to step up a high step, and weakened and atrophied muscles, are some of the results of the ligamentous union. Also one of the results of incomplete union from use of apparatus is shown by the report of Hamilton's 108 cases, in which there were 27 cases of refracture, or exactly one-fourth of the whole number.

Dr. Levis does not apply the hooks until the effusion is absorbed, which takes from ten to fifteen days, and they should rarely be applied before the tenth day. Ether is given to relax the quadriceps, and the integument should be drawn very tight to prevent bruising. For a dressing, lint or charpie is packed around to keep the instrument in place, and carbolized oil applied.

In the discussion following the reading of this paper Dr. Morton said that he never put on the hooks for four days after the injury, and he keeps the limb in a back splint for a few days. He keeps the hooks on only sixteen or seventeen days. These gentlemen claim to have good results and bony union from this mode of treatment; and I can see no especial reason why, with proper care, it should not prove safe and efficient. It certainly seems *safer* than the suturing of the fragments.

The suturing of the fragments together, over which there has been some discussion of late, was proposed, according to Hamilton, by an Italian, named Servinius, nearly three hundred years ago.

Mr. Lister has been advocating it of late; and my friend, Dr. F. C. Fuller, has lately reported in the *Medical Record* three successful cases treated by this method. The capsule being stitched up with catgut, the fragments wired with silver, and the ends of the sutures turned down between the fractured surfaces; the whole procedure being carried out with strict regard for antisepsis. It seems to me that it may be justifiable to use this method in cases of compound or badly comminuted fracture, but not to cut down in cases of simple fracture, thus converting a simple fracture into a compound, involving the knee-joint. Although a number of cases of brilliant successes have been reported, still I contend that where the operation is not imperatively called for, the means of external treatment should be tried first; and we should not imperil a limb, and

perhaps a life, where neither is at stake. One must use judgment in the matter, and no more lay open the knee-joint without cause than he would open the abdominal cavity, if abdominal tumors could be treated successfully from without. The fact that an operation has been done, and the patient recovered, is no argument in favor of unnecessary operating.

Whatever method is employed, the patient should be kept as quiet as possible for about four weeks without removing the apparatus. At the end of that time it may be carefully removed, the limb cleansed and rubbed, and the joint slightly moved. This should be done once in two or three days, always reapplying the splint. After five or six weeks the patient may be allowed to move about on crutches, and should be warned against stumbling, or any action which may lead to refracture. The use of the back splint and crutches should be kept up for three months or more, when they may be gradually laid aside. Where the hooks are used the same directions are applicable after their removal, while with the wiring the length of confinement depends on the rapidity of the healing process.

ON THE PHYSIOLOGICAL ACTION OF PISCIDIA ERYTHRINA.

BY GEORGE W. WINTERBURN, PH.D., M.D., NEW YORK.

ABOUT five or six years ago, the medical fraternity in this country began to hear of a wonderful drug, that was said to possess the good qualities of Opium, without its deleterious influence. The evidences of its power, from unscientific sources, were sufficient to awaken medical curiosity as to its real character. Messrs. Parke, Davis, and Company, of Detroit, imported, in 1879, a quantity of the bark of the root of this tree—the so-called Jamaica dogwood—and prepared therefrom a fluid extract. They kindly sent me several pounds of this, with the request, that I should use it in physiological experiments. In order to test its value and mode of action, I made six experiments upon myself, taking on three occasions drop-doses, every two minutes, of the fluid extract up to forty drops, and on the other three trials a half drachm, one and two drachms respectively. These experiments were made in September and October, 1879, I being then in almost perfect health. The report of this proving was published in the November number of the *Therapeutic Gazette*, of that year. In December, 1882, I made a final experiment, taking two drachms of the fluid extract, in divided doses. The following tabulated statement gives the principal phenomena developed:

Time.		Pulse.	Respiration.	Temperature.
7.15 P.M.	Took two minims regularly every two minutes.	68	16	98.6°
7.30 "	Feel mentally stimulated, and comprehend easily the subject I am reading.....	70	16	99.0°
7.45 "	Burning sensation in whole buccal cavity, especially on the tongue.....	72	16	99.0°
8.00 "	Comfortable feeling of warmth all over the body; arterial tension markedly increased..	74	17	99.2°
8.15 "	Pungent sensation in the stomach, with increased flow of saliva; the sense of warmth has now increased to a feeling such as is experienced after an unusually hearty and stimulating meal.....	76	18	99.4°
8.30 "	Tickling dryness in the throat; arterial tension steadily increasing.....	74	17	99.5°
8.45 "	Flow of thoughts very abundant; am writing an article on <i>Veratrum viride</i> , and find it runs along very easily; pulse is heavy, like the <i>Veratrum</i> pulse.....	76	17	99.6°
9.00 "	Have now taken two drachms, and will suspend the medicine, as it is beginning to produce dyspnoea.....	78	18	99.8°
9.15 "	Head feels a little dazed; the eyes are dry and sore and the pupils dilated.....	82	20	100.0°
9.30 "	Aching pain in the temples, worse on the right side, extending down into the jaw; dyspnoea quite severe, with spasmodic action of the diaphragm.....	84	Irreg'lr	100.0°
9.45 "	Peculiar itching pain at the occiput (internal); the eyes are glistening, pupils dilated, and vision obscure; submaxillary glands feel sore; salivation continues, and is now accompanied by sweating; breathing labored and spasmodic.....	88	21	100.3°
10.10 "	Feel so inert and listless that I forget to note symptoms at proper time; dull pain in cardiac region; drowsiness so overpowering as to preclude further noting of symptoms.....	86	Irreg'lr	99.8°
SECOND DAY.				
8.07 A.M.	Slept soundly until this hour, waking with painful priapism; on rising, considerable eructations, with pain in the abdomen; the throat feels parched, but the buccal symptoms have all disappeared; respiration somewhat impeded; arterial tension normal; urination on rising very profuse, clear at first, but depositing, on cooling, a reddish, flocculent sediment.....	68	19	98.2°
9.00 "	Aching along the spine; head feels best when drawn backward; right shoulder aches as if I had fallen on it; feel somewhat restless, probably on account of pain in the back; the kidneys, submaxillary glands, and right ear all ache; the posterior nares feel excoriated, as if I had taken cold.....	70	19	98.4°
8.00 P.M.	The above symptoms have continued through the day, with considerable fidgetiness, but all are now gradually subsiding; urine deposits less sediment, but is still profuse; pain has extended down the right arm to hand at intervals during the day.....	70	16	98.6°
THIRD DAY.				
2.15 "	Slight aching in the spine, otherwise all conditions normal.....	68	16	98.6°

The effects produced by these various experimentations may be thus summarized. It is a cerebro-spinal drug, expending its influence mainly, and probably almost entirely, upon the nervous system. It causes, at first, increased activity of the cerebrum. This is shortly followed by a peculiar dazed feeling. The thoughts become confused. It is hard to recollect to take the next dose at the proper time, forgetfulness merging into obliviousness. At this time there is a violent itching pain in the upper portion of the medulla oblongata, with nervous trembling all over. The increase of mental activity was markedly noticeable in each of the experiments. I took the drug usually about four or five hours after dinner, and at a time which I habitually spent at my desk. The immediate effect of the drug was to stimulate me to literary composition, much like a cup of rich *bouillon*, but more positive. Now alcohol, even in small quantities (say a tablespoonful of brandy or whiskey), always makes me lazy, and indisposed to thought. In about an hour after the beginning of the exhilaration, on an average, the dazed feeling came on. The drug causes burning soreness in the eyes, with lachrymation, accompanied by heat in the internal structure. The eyes look wild and staring, and are in constant movement. There is excoriation in the nares posteriores, with sneezing and coryza. There is, also, aching pain in the temples, and in the right ear, extending down into the right jaw. The eye symptoms precede the forgetfulness in order of time somewhat. The eyes at first were dry, then burning, then lachrymose. The pain in the temples came on later, generally in about two hours, and seemed to be an extension of the pain in the medulla. This symptom recurred at each experiment. It produces a burning sensation in the whole buccal cavity, especially on the tongue and roof of the mouth, with soreness in the submaxillary glands. The throat was excoriated, dry and tickling, and there were constant eructations of wind, with aching pains in the abdomen. The buccal and pharyngeal symptoms were partially due to the local influence of the drug, but not wholly so. It seems to disturb the mucous surfaces of the entire digestive tract, if persistently taken. It causes a prickling sensation at the root of the penis, with violent erections. It induces labored breathing, with pain in the sternum, and dull, aching pain in the fifth intercostal space: pain in the kidneys and aching in the lumbar nerves: opisthotonos, with aching in the spine. The same aching pain is finally felt in the right arm, and right shoulder and right back, going on to paralysis of the entire right side, including the right half of the head.

The dyspnœa recurred at each proving. The effect on the spine was very strongly marked and extremely disagreeable. The feeling, as I now recall it, is fully covered by the word aching.

The excitation of the nervous system was intense, causing a hot flush over the entire body, the pulse increasing ten or fifteen pulsations, with pain in the heart and restlessness, which, however, is quickly succeeded by the obliviousness already mentioned.

Dr. F. M. Moore, of Iowa, reports, in the *Therapeutic Gazette*, giving to a lady suffering with hemicrania, half a teaspoonful of the fluid extract. Spasms supervened in twenty minutes, and continued, with but slight intermissions, for over an hour; but she suffered from difficulty of breathing for about six hours.

Dr. Isaac Ott, of Philadelphia, says: "Experiments on warm-blooded animals demonstrated that *Piscidia erythrina* first increases the respiration, then produces incoördination, and then dilatation of the pupils, blunted sensibility, narcotism, increase of salivary secretion, and slowness of the heart, and death by asphyxia. In cold-blooded animals it produces bluntness of sensibility, dilatation of the pupil, narcotism, inability to move, followed by a stage of hyperæsthesia and tetanus, which ends in a loss of reflex movement and death. The motor nerves are not paralyzed."

Dr. A. C. Nagle, of Philadelphia, gives the following description of its physiological action upon a rabbit, in the *Druggists' Circular*, February, 1881:

Time.		Heart-beats.	Respiration.	Temperature.
8.15 P.M.	Pupil dilated.....	151	76	105°
8.20 "	Fifteen minims given.....			
8.25 "	.....	154	81	106½°
8.30 "	Pupils very much dilated, and salivation produced.....	159	86	108°
8.35 "	Ten minims given.....			
8.40 "	Sits sleeping; sensibilities very much obtunded.....	156	Irreg'lr	108½°
8.45 "	.....	141	91	104°
9.00 "	Fifteen minims given.....	137	Irreg'lr	106°
9.05 "	The strongest pinching does not cause him to move.....	126	73	103°
9.10 "	Labored respiration.....	121	66	101°
9.15 "	Hind legs are paralyzed; lies sprawling, unable to move.....	105	43	98°
9.20 "	.....	106	36	92°
9.25 "	.....	98	16	91°
9.30 "	.....	98	9	89°
9.45 "	Animation suspended. The dilated pupil suddenly contracts, and death follows. Bowels opened immediately, and heart found beating.....			

From these evidences, it is shown that *Piscidia* is a very powerful drug, occupying but a limited field, within which it promises to be of positive value. *Piscidia* differs from *Strychnia* in possessing more influence on the cerebrum and less on the spinal cord. In *Strychnia*-poisoning the patient retains clearness of intellect to the last, while in that from *Piscidia* he passes early into the stage of obliviousness. *Strychnia* causes death by the firm clutch it obtains on the pectoralis muscles, suspending respiration. *Piscidia*, on the other hand, produces death by the violent nervous excitation which it causes. After death by *Strychnia* the heart is contracted and empty. Death caused by *Piscidia* leaves the heart dilated, flaccid, and empty. The action of Opium and *Piscidia* are similar, but not identical. The former is much more apt to produce headache, nausea, and other disagreeable symptoms than the latter. In Opium-poisoning the eyes are contracted and excited, under *Piscidia* they become dilated and staring. *Belladonna* affects the system somewhat analogously to *Piscidia*, but the former is much more violent, causing furious delirium, somnambulism, and acute mania, as well as tetanus, like *strychnia* and *brucia*. *Belladonna* antidotes acute poisoning by Opium and its preparations. *Piscidia*, on the other hand, counteracts the evil effects of long-continued use of Opium, as in the opium habit. *Belladonna* causes dryness of the skin, *Piscidia* profuse diaphoresis, both acting through the nervous centres.

FURUNCULOUS AFFECTIONS.

BY J. P. KNIFFEN, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

A BOIL is a hard, circumscribed, conical tumor, at first red, then becoming purple and somewhat flattened, before discharging its contents. It consists essentially of a true inflammation of subcutaneous, cellular tissue, going on to suppuration, if not subdued in its incipient stage. The cause is not always apparent, but it occurs most frequently in young subjects, who have become broken in health by protracted fever or other forms of disease. They also appear in crops of two or more, following each other with great persistency, and when seated upon the back or nates, are exceedingly painful.

The idea is an old one that they are beneficial to the system, and are, evidently, nature's process of eliminating some morbid matter from the system.

In the *Organon*, paragraph 189, we read : "The growth of such a disease is inconceivable, unless called forth by a morbid condition of the entire vital principle:" teaching that the slightest external manifestation of disease is the evidence of a morbid process within, or that there is really no such thing as a local disease, but that the whole system takes cognizance of, and is implicated in, every such local manifestation.

The primary symptoms, course, and final discharge are all too familiar to require description here.

The treatment under our system is by many wholly constitutional, but I think should be supplemented by such local applications as have been found to mitigate pain and heat, when occurring externally. A poultice, either cold or warm, as seems most grateful to the patient, is used, and this will also indicate our remedy in some cases.

I wish to call attention to the Balsam of Fir spread upon tissue paper, applied in the incipient stage. It has, if applied in time, dispelled the inflammation in many cases. To the ordinary list of remedies, Bell., Hepar and Arsenicum, I wish to add Graphites, in those cases where the boils occur in crops, or persistently follow each other.

CASE.—Mr. G. C., during the spring of 1882, had eighteen on the right hand and wrist. He was treated by a surgeon of the opposite school, who had a photograph of the hand taken for exhibition. They finally ceased to appear. The following year, he came to me with a very large one on his left hand, but said he "didn't want eighteen more." Under Silicea, that one discharged within a few hours. I gave Graphites for one week, and no more appeared. As the boil matures and is about to discharge, a simple incision through the skin only gives great relief, and permits the escape of the contents, with the central hard nucleus or core, much sooner than would otherwise be the case, and also prevents a scar, as it usually heals by first intention. Boils, occurring in broken-down conditions, will require careful individualizing for the remedy. The carbuncle is of a more serious nature, at times proving fatal, and always more protracted and painful. In a large majority of cases, the subjects are past middle age, the system suffering from blood-poisoning or other debilitating causes. The inflammation, like that of the furuncle, attacks the subcutaneous cellular tissue, but, instead of concentrating around a central nucleus, the bloodvessels seem to become strangulated, the skin and subjacent tissue become hard and painful, and, as softening begins, the matter finds exit at several different openings.

This discharge is thin, of a purulent, sanious nature, and very scanty, at times burrowing under the skin some distance, so that it is difficult to tell, by its external appearance, the extent of the lesion.

The sloughing, which now takes place, is exhausting and critical, and, when occurring on the back of the head and neck, the meninges of the brain and spinal cord become involved in some cases. It is extremely important that the slough should separate as soon as possible, and to hasten this, after poulticing about twenty-four hours, most surgeons recommend a free crucial incision, followed by flaxseed or yeast poultices, while practitioners, like Raue, ignore the knife, and depend on the remedy. I do not hesitate to adhere to the former line of treatment, to save time, a matter of great importance.

After the slough has come away, the cavity will be found filled with a tough, rosy matter, which penetrates deeply into channels and sulci. This may be removed by patiently lifting it up with the forceps, and snipping it off with the scissors. Poultices of yeast or flaxseed meal should be used until this dead tissue is entirely removed, leaving healthy granulations below.

The best dressing now is absorbent cotton, well lubricated with cosmoline slightly impregnated with carbolic acid, the stimulating properties of which will assist in restoring the lost tissue.

Compresses are at times required around the opening where the matter has burrowed under the skin, which may be kept in place by rollers or adhesive strips.

The remedies indicated in this disease are found in that rather sharply-defined class suitable in abscess, but the burning, stinging character of the pain will call for *Apis*, or *Anthracinum*, in the early stages, followed by *Ars.*, *Kreasotum*, and *China*.

CHOREA CURED BY CROCUS.

BY G. C. QUEZADA, M.D., BROOKLYN, N. Y.

CARY HINER, 11 years old, had been subject to *St. Vitus' dance* for the last three years, and had steadily grown worse, until the time I saw her, when she could not feed herself, and her sleep was much disturbed by the muscular contractions. Her appetite was good, and she could not go to school, but played all the time. The expression of her countenance was idiotic, and on inquiry I soon learned the cause, viz.: She had been

a constant attendant at one of the old-school dispensaries of this city, where she had been kept saturated with bromide of potassium "Secundum artum, and the most approved scientific methods," etc. I could not get satisfactory details of her case from her mother, except that the chorea was worse on the left side and that she had headaches often.

I prescribed *Cimicifuga*³⁰ in water, a teaspoonful three times daily. In a week (May 26th, 1883) she reported not much improvement, but acts more lively; not quite so stupid. She also complained at this time of severe and repeated epistaxis, the blood being very *dark* and *stringy*. *R. Croc.*³⁰ three times daily in water. May 31. She reports slight aggravation. *R. Croc.*³⁰ (of Dunham) one dose to be taken dry that night, and *sac. lac.* the rest of the week. June 12th. She reports that the following day after being prescribed for, she had a worse attack of nose-bleed, and her chorea was intensely aggravated, but after that, she had begun to grow steadily better, until at this time (June 12th) she was better than she had been in two years. I then made up my mind to let *Croc.*³⁰ alone, and kept her on *sac. lac.* until improvement should cease. June 18th. No more epistaxis, chorea steadily improving. June 25th. The child sleeps quietly and begins to feed herself and do some house-work. July 2d. Her twitchings have entirely ceased, and she can sew and do everything else like any other child. When schools opened she resumed her studies, and has been well ever since. Her intellect has also improved, so that she is once more a bright child.

The time from her first prescription to the day she was discharge as cured was one month and thirteen days.

USE OF UNIVERSAL SYMPTOMS.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

It is patent to all that the remedy for a given case is the one which covers the characteristic symptoms. Hence no rule of practice is a correct sequence from the law of cure that in any way whatsoever disputes the selection from the totality of the symptoms. But theory and practice do not always agree; that is, their agreement is not always evident; so Hahnemann and his followers have all along striven to discover sub-rules that shall aid in the difficult task of curing disease. For example, the *Organon* instructs us how to proceed when one drug

will not cover the totality, when constitutional taint obscures, when epidemic influences are at work, etc. And, further, still more in accommodation to circumstances, Hahnemann suggests as often needed, as usually required, etc., Thuja in sycosis, Sulphur in psora, etc. Now, of course, it is not to be inferred here that such drugs *must* be given for the respective "constitutions;" for the recommendation is ever subservient to the exacting law. Still, their suggestion is very helpful, because it represents a principle, and because it expresses the results of experience. It simply means, use such remedies as are best adapted to the removal of the underlying taint that is complicating and perpetuating the illness; generally, Thuja or Sulphur will do, because so often proved useful; but here as always characterizing symptoms must decide.

Agreeably to all this, physicians have, at times, when unable to fit "the totality," chosen a remedy that suits those characteristics upon which the entire disease seems to depend.

In this manner we have learned to employ *Collinsonia* for many diseases when a congestion of the lower bowels with piles obtains. Employing such characteristics as piles bleeding, feeling of sticks in the rectum, stools in light-colored lumps, uterine affections, varices, irritable heart, etc., have yielded readily to the drug, just as though they depended for their existence upon pelvic stasis.

Similarly we have seen palpitation, vertigo, and dyspepsia vanish under the influence of *Pareira brava* selected for its grand characteristic; must get down on all fours and strain to pass water, pains go down the thighs. So, too, *Berberis* relieves a host of ailments when selected for its radiating renal pains, pains into the hips; urine with yellow, loamy, sediment. *Anisum stellatum* has cured hæmoptysis when selected by its key-note: pain at the junction of the third right rib with its cartilage; *Myrtus communis* has retarded phthisis when there was present sharp pain through the upper part of the left lung; *Ceanothus* has removed leucorrhœa when in addition there was sharp pain in the splenic region. And so on almost indefinitely.

Now, in all such cases there is, of course, a connection between symptoms treated as central and the others that disappear along with them, though often we are not able to detect it.

In some instances, however, the symptom or group of symptoms employed plainly exhibit a universal quality of a drug; as when we select *Bryonia* in cases worse from motion; Thuja

for nervous phenomena depending upon affections of skin and mucous membranes, or for warts; Rhus for complaints of fibrous tissues, better from continued motion; Causticum for parietic aphonia, even if of catarrhal origin, and so on.

In such cases we are not prescribing for a single symptom, we are making use of a universal, characteristic property; and wherever in the human body tissue like that under treatment exists there the medicine can have an effect. And as metastases usually occur from similar part to similar part, we prevent such a catastrophe by the universal scope of our drug. To explain further, suppose we examine into the application of the modality of Bryonia, worse from motion. It is universally present in all tissues that are generally affected by exercise; as in muscles, serous and synovial membranes, and inflamed joints. Bryonia depresses the sensorium, producing dulness and want of desire to use the brain; hence naturally the patient has aversion to motion. Now, fibrous tissues are generally relieved by continued exercise, and, consistently, the "fibrous pains" of Bryonia are exceptions to the modality under consideration. Nervousness is a symptom that generally impels one to move; as, accordingly, the Bryonia patient, when nervous, is compelled to move, though thereby he intensifies other sufferings. Thuja, as is well known, affects epithelia everywhere, first making them grow excessively, and later, causing their absorption; hence, if the wart is that characteristic of the *arbor vitæ*, Thuja does not suppress it, but cures it, acting consentaneously upon the whole "epithelial" man.

Rhus affects notably fibrous tissue; hence its modality, better from continued motion; but the purely muscular pains of the remedy, and the prostration, are worse from motion. If, then, we prescribe for the modality better from motion, Rhus, we do not really depend upon one symptom if the case concerns chiefly joints, tendons, sheaths of muscles, and kindred structures.

When, therefore, we employ what we may term universals, we are not guilty of selecting a single symptom to the rejection of the rest. But when, as is, alas, too often done, we prescribe for an isolated symptom, simply because we recognize it as characteristic of a certain remedy, forgetting that what is characteristic in one connection may not be in another, and that a characteristic of a drug may not be an important symptom in a given case, we do violence to the principles of the *Organon*,

and violate common sense. A case is published in a journal. The reader sees clearly enough what remedy should be given, and so is astonished to find that a drug is claimed to have cured which has only one symptom of the case, and that a mere modality; for instance, worse after sleep, Lachesis. When we use proper discrimination, then will we have creditable clinical reports.

UNUSUAL ROTATION OF THE FEMUR.

BY WM. ERWIN, M.D., CAMERON, MO.

MRS. B——, aged twenty-four, of Swedish parentage, a well-developed, healthy woman, of medium stature and comely appearance, when a child had great difficulty in learning to walk, and was not able to do so unaided until about four years of age.

From her earliest recollection she has been able to voluntarily twist her left foot outward and around until the toes are directed backward and the heel forward.

This change of position is effected entirely by the action of the muscles of the thigh and hip, and while in this reversed position she can bear her weight upon the foot and walk about, though rather awkwardly. She can flex and extend the ankle at will, but cannot flex the knee; while in the natural position the ankle and knee have all their natural motions and uses unimpaired, and the closest examination fails to detect any malformation of the leg or thigh.

The changed position of the leg is produced by rotation of the head of the femur.

Whether the head of the femur slips out of the acetabulum during this unusual rotation (which is not probable), or whether it is rendered possible by an unusual shape of the neck of the femur or a very shallow acetabulum, can not be determined through the fleshy muscles of the hip and thigh.

The right leg and thigh are normal in all respects. No other members of her family present any malformation of any kind whatever.

I had been the medical attendant in Mrs. B——'s family about two years, and had attended her in confinement (which was easy, showing a roomy pelvis), without having any knowledge of her peculiarity, and my attention was subsequently called to it by her husband.

Miscellaneous Contributions.

THE TRUE CAUSES OF DISEASE AND THE FULFILMENT OF THE INDICATIO CAUSALIS.

BY DR. H. G. SCHNEIDER.*

(Translated by Emil Tietze, M.D., Altoona, Pa.)

AFTER ten years of continuous efforts to attain to a clear conception of the idea of disease, and the process of cure, I read, twenty years ago, before the assemblage of the Central Society of German Homœopathic Physicians, at Frankfort-on-the-Main, an essay which, starting from the inflammation of a finger caused by a splinter, culminated in the following axiom, obtained by induction:

"There is no disease which does not consist of symptoms as the manifestation of the action of a positive morbid cause; and no cure except by the removal of this morbid cause."

Since that time I have not ceased in my endeavors to prove this axiom in discussions and writings, and, of late, in my *Outlines of Ætiological Diagnostics* (*Grundzüge der Ætiologischen Diagnostik*, Berlin, 1870, bei Hirschwald).

Meanwhile we became acquainted with the toxæmiæ (uræmia, pyæmia, septicæmia, etc.), and discovered after the filæ medinensis, ecchinococcus cerebri, and the ecchinococcus in the liver; the acarus scabiei, the cysticereus in the eye, and the trichinæ in the muscles, as morbid causes; and, finally, by a more frequent and general application of the microscope to a steadily increasing number of diseases, in the sick, and their dead bodies, minimal living entities in the infectious substances as causes of disease.

At that time two works appeared, the *Historisch-geographische Pathologie*, of Augustus Hirsch, and Hausmann's *Die Ursachen der Krankheit*, which were able to assist in a more timely reform of ætiology, diagnostics, and therapeutics.

The work of Hirsch confirmed the first part of the axiom mentioned, and that of Hausmann also the second.

We may add that all this happened at a time when the physiological school brought pathological diagnostics to and threw pathological therapeutics from its height, and thus nothing remained to be done for the subsequent progress in medicine than to turn into a new path and to cultivate an ætiological diagnosis and ætiological therapeia.

* Internationale Homœopathische Presse, Vol. iii., No. 1.

And this, in fact, is the standpoint of medicine to-day which the *coryphæi* have already begun to occupy.

It permits me to hope that, finally, I shall see the above axiom fully justified.

Pathological medicine has for its principal object, the diseases. To recognize and destroy diseases is its aim.

Ætiological medicine, on the other hand, has for its principal object the causes of disease. To her belongs the task of detecting the causes of diseases and of removing them from their domain, directly or indirectly, *i.e.*, by evoking or assisting the adequate, negatively integrating self-activity of the organism.

In ætiological practice the diagnosis of diseases (whenever they do not present themselves directly) serves for the diagnosis of the causes of diseases, and the diagnosis of the morbid causes enables us to find the remedies adequate to their removal.

However, by causes of disease ætiological medicine does not understand, as does pathological medicine, everything that is able to give rise to bodily ailments, but, according to the law of causality, agencies which are inseparable from diseases and their results, the factors of diseases.

Therefore, ætiology must distinguish all the other eventually obnoxious influences mentioned in our present ætiology as disease causes (which are characterized in Section 8 of my work mentioned above) as the true from the false; and even more than that, in order to guard in practice against Quixotic attacks and sins of omission, must determine which agencies, in the strict sense of the word, are capable of becoming disease-causes and which not.

I. THE TRUE CAUSES OF DISEASE.

As a thing can be recognized as cause from its effects only (section 2, of the *Outlines*, etc.); therefore we must know, above all, what disease is, in order to enable us to know what a sick-making cause is.

As early as 1852 (as has been mentioned in the introduction), disease has been defined by myself as the "*result of a positive noxious agency*," and by A. Biermer, 1858 (*Friedrich's und Vogel's Medic. Monatshefte*, s. 277), as a "*physiological experiment undertaken by a noxious agency*;" and in the second part of my work it has been proven, and confirmed by Virchow's lecture before the assemblage of scientists and physicians at Innsbruck, that "*disease essentially is the result of a positive*

noxious instrumentality which impedes the normal self-activity in the organism by abnormal irritation or paralysis."

From this follows, incontestably, that every cause of disease must be a potency able to incite in the organism abnormal self-activity, or to paralyze normal self-activities, and thus to impede the normal self-activity in the organism.

Experience has long ago demonstrated beyond doubt that mechanical and chemical potencies incite abnormal self-activity, and paralyze normal self-activity in the organism, and thus may become morbid causes; but it is, as yet, doubtful whether the above remarks correctly apply even to microscopic fungi and algæ, which recently have been more and more sweepingly considered causes of disease.

The great importance of the decision whether fungi and algæ are causes of disease or not, induces me to make the attempt at the solution of this question in the subsequent essay.

1. *Fungi and algæ are not the causes of the diseases assigned to them.*

A special inducement to return to this subject, which, in my work—*Outlines* etc.,—has been spoken of but briefly, has been given me by Professor Richter's, upon the whole, favorable criticism of that work in Schmidt's *Jahrb. der Gesamento in und Auständischen Medicin*, Bd. 151, No. 8, s. 227, etc.

H. E. Richter blames me because I have accepted but two kinds of morbid causes: the mechanical and virulent (chemical); and accuses me of having deemed myself justified, upon the strength of an ill-grounded prejudice against modern microscopy, to unite under the name of virulent diseases even the septic (pyæmic), miasmatic, and contagious diseases, with those brought about chemically, and of having thus presented an entirely obscure collective idea of virulence, which prevents the proper understanding of the most important diseases (appearing endemically and epidemically) as well as their general diagnosis.

He continues, that the question in this case is as to organized living causes of diseases which continue their life-process within the organism invested by them, and thus evoke constant ever-recurring disturbances of its self-activities.

These living factors, he adds, are the disease-begetting parasites; a name by which, however, their significance is not exhausted, because almost any organism has its parasites, which live at its cost, not only without any injury, but sometimes even with benefit to it, *e.g.*, the fermentative fungi in the saliva and

gastric juice, the mikrocytes in the blood and liver, according to Béchamp and others.

Parasites, he says, as is taught by the close study of the acari and intestinal worms, act by no means only as mechanical irritants, but partially by consuming certain parts of the organism, partially by the secretion of peculiar substances, as, aside from the acrid secretion of certain intestinal worms, may be seen most clearly from the parasitic fungi of cultivated plants.

But, above all, a multitude of the parasites act as inciters of fermentation, and in a different manner upon different organs and juices. This process becomes still more complicated, if we assume, with Béchamp, that the disease-begetting mikrocytes of infectious matter produce a diseased state (or noxious action) in the harmless mikrocytes of the healthy organism, the termination of which is a general disease (infectious fever, etc.) and death.

To this I shall, in fulfilment of my task, reply the following:

(1.) *Microscopic fungi or algæ, discovered in the diseased organism, are not the cause of its diseases, because they are not present previous to those diseases in the organism as potencies capable of injury.*

From section 2 of my work it may be seen that a thing, by which something is to be done to another thing, must needs be present with its object previous to the result accomplished by its instrumentality. Therefore, it follows, that the presence in the organism of the potency, qualified as a morbid cause, is an absolute necessity previous to its effect (Section 65, l. c.)

Fungi and algæ, therefore, should necessarily have to be present as their causes previous to the existence of the diseases in the organism ascribed to them, as potencies capable of mischief.

Hallier, and the adherents of the parasite-theory, on account of the fact especially conspicuous in epidemics, that only a small fraction of the organisms equally exposed to the fungi become diseased, have been compelled to assume a particular disposition in the organism for the accumulation of fungi and algæ in the same, without being able, however, to state whereof this disposition is to consist.

In Section 65, and in other places, it has been proven that in Julius Kühn's attempts at cultivation, in Pick's and Zürn's experiments of inoculation, as well as in the disease of the membrana tympani and meatus audit. ext., called by Wreden,

Myringomykosis aspergillina, which is ascribed to the bluish-green aspergillus, this particular disposition, erroneously considered as the result, is nothing but the disease itself.

Besides, nobody has ever succeeded yet in proving the presence of fungi, or algæ in the organism as potencies of mischief (for which end, according to Hallier at least, their accumulation is deemed necessary), previous to the diseases ascribed to them.

H. Meissner, on the contrary, observed in anthrax that the bacteria did not appear until from one to five hours after the manifestation of the first symptoms of the disease, and that then they increased every hour; and Brauell produced by means of anthrax-blood, free from bacteria, two fatal cases of that disease, and found in the latter bacteria; while E. Vogt, of Prague, has not been able to detect the malaria-germs of Salisbury in a place (Pola) notorious for its malaria, either in the air, water, or in the person of the sick.*

Since, according to the above statements, the presence in the organism of those minimal living entities as potencies capable of mischief, previous to the diseases the cause of which they are said to be, is not proven, but, on the contrary, their non-existence previous to those diseases has been demonstrated; and since that which does not exist can impossibly be the cause of something existing, therefore, these living entities are most assuredly not the causes of the diseases attributed to them.

(2.) *Fungi and algæ, found in the sick, are not the causes of the diseases ascribed to them, because they are not always found in these diseases.*

From Sections 3, 4, and 7, of my work it is evident that the cause of anything about to be (developing into existence), according to the inseparability of cause and effect, must always be present with its object.

This applies, of course, also, to every disease-cause. Hence, fungi and algæ should have to be always present in the organism as morbid causes during the course of the disease ascribed to them.

Yet E. Vogt, as has been mentioned, could not find the malaria-germs of Salisbury in malaria patients; and Leplat and Jaillard could not detect any bacteria in thirty rabbits infected by these gentlemen with anthrax-blood; and many investigators have not found the minimal organisms in the blood of typhus patients, or, at least, not in every instance.†

* Archiv für Dermatologie, II., p. 393; Centralblatt, 1870, p. 701.

† Archiv für Dermatologie, a. a. O.

This sufficiently proves the truth of the above proposition.

(3.) *Fungi and algæ, detected in the sick organism, are not the causes of its diseases, because they lack the quality and faculty for this end.*

From Section 2 of my book it may readily be seen that only things possessing the quality and faculty for this end can be the cause of anything about to be (developing into existence); hence, also, of diseases. In section 67, l. c., I have already presented the reasons why fungi and algæ lack the quality and faculty of acting as morbid causes; but compelled by the opposite views of H. E. Richter, mentioned above, I shall once more return to this subject, and endeavor to prove the antithesis to his remarks.

Fungi and algæ, though considered to be sick-making potencies, are in no way capable of becoming morbid causes.

(1.) *They are not qualified for this end as mechanical potencies.*

It is true, H. E. Richter says, that they act by no means as mechanical irritants only, yet he assumes, nevertheless, that, even as mechanical potencies, they may become morbid causes.

Against this may be mentioned that, thus far, nobody has ever observed, and, much less, proven by experiment, that fungi and algæ (though impermeable as all other matter, yet, to say the least, nearly deprived of all power of resistance), which mostly stand upon the border of microscopic discernibleness, are able as mechanical potencies to act upon the living so form-changing, that thus abnormal self-activities can be incited, or normal self-activity can be paralyzed for any length of time; and, finally, that this hypothesis militates against all plausibility.

(2.) *Fungi and algæ are, likewise, not qualified as poisons to act as morbid causes.*

H. E. Richter and Hallier appear to consent to this proposition, for they do not mention with a single word the opposite view held by A. Biermer and others.

Notwithstanding this, I deem it proper here to present arguments in favor of this proposition.

If fungi and algæ, as poisons, were capable of producing the diseases assigned to them—such as measles, scarlatina, small-pox, typhus, intermittent fever, anthrax, etc.,—then, identical living entities (modified, according to Hallier, only by the differences of soil upon which they are found) in the curdled milk and musty bread, etc., could not be consumed without injury, as can even the cholera-fungus (the micro-

coccus of the uroecystis), which, according to Hallier's reports, passes through the intestinal canal of the healthy, *en masse*, without injury.

Moreover, Sanson and Virchow furnish direct proof that fungi, as poisons, cannot become causes of diseases.

Sanson observed that anthrax-blood containing bacteria, even after being freed from the bacteria, was virulent; and that blood free from bacteria produced virus and bacteria;* and Virchow detected in the cadaver of one poisoned by arsenic the same fungi as in the dead bodies of those that had died of cholera,† from which statement it becomes plainly evident that not the so-called cholera-fungus, but a poison, similar in its action to arsenic (the fatal actions of which during cholera-epidemics were considered, even by physicians, as cholera), is the cause of cholera.

(3.) *Fungi and algæ do not become morbid causes by secreting, as it is assumed, an acrid matter in the organism.*

It is very unpalisable that microscopic fungi and algæ should deposit in the organism poisons as morbid causes (these poisons should have to be very powerful or be produced in great quantities); and this view is contradictory to the fact that large quantities of the same fungi are consumed without harm, *e.g.*, with curdled milk, which would necessarily contain the poison secreted by these fungi.

But suppose, even, that these fungi and algæ were able to secrete such malignant poisons, they would nevertheless not be the morbid cause themselves, but the poisons secreted by them.

(4.) *Fungi and algæ do not become morbid causes in depriving the organism of certain elementary substances.*

It is true, Hallier, like Richter and others, assumes that fungi deprive the tissues, in and upon which they exist, of their nutriment (*Die pflanzlichen Parasiten des menschlichen Körpers*, Leipzig, 1866, s. 1). But, subsequently, he says (s. 4, l. c.), "vegetable parasites rapidly multiply, mostly in and upon the animal tissue and in its products of decomposition of a normal or abnormal character;" and proves in every instance that the (so-called) vegetable parasites, upon the whole, appear not only in diseased organisms but also in the healthy in the products of reduction, and, outside of the living body, in decomposing organic matter; and thus furnishes the unmistakable proof that they do not require the living for their nutrition, while arguments in favor of the hypothesis that those

* L. c.

† Archiv für Pathol. Anatomie, Bd. 47, Heft 3, s. 524-526.

fungi are living in the diseased organism at its cost can nowhere be found in his work.

Only their propagation in the maternal soil, as Hallier asserts (p. 3, l. c.), is a criterion of the parasitical character of the fungi.

"Fungi," he says, "permeate the most living (?) tissues in the interior of plants, and proceed to the reproductive stratum of stem and root in order to pillage the most vivid circulation of the juices (?);" and (p. 25) quotes Schacht, who, as he affirms, has shown that in all cases in which fungous fibrillæ have been found in vegetable tissue they have entered from without, and that the point of the fungous fibril is capable of puncturing by resorption (!?) the cellular wall touched by it, and even of proceeding into the interior of the starch-cells.

But Hallier forgets that it is questionable whether the propagation of the fungi in the tissues of living bodies is brought about by attacks upon their form and composition, and not, which is more likely, in consequence of a morbid decomposition of their substances, and whether the fungi permeating the reproductive stratum of stem and root, incline to feed upon the living and not, which seems more plausible, upon the dying tissue, and hence overlooks that due consideration of the facts compels us to suppose the latter.

Since, according to these statements, the presence and thrift of all the fungi and algæ detected in the sick organism have been observed, also, in the decaying organic matter, in and upon healthy organisms, but especially outside the living body, and no incontestable arguments support the fact that the fungi and algæ, living in higher developed organisms, require for their nutrition normal elements of the same, or are capable even of using them, then, not only the justification, but also the necessity of the supposition, becomes evident, that the so-called vegetable parasites are not parasites of higher developed organisms, such as fleas, lice, bed-bugs, etc., hence cannot become morbid causes by depriving them of certain elementary substances.

(5.) *Fungi and algæ, moreover, do not become morbid causes as inciters of fermentation and decomposition.*

Hallier supposes (*Die Gährungserscheinungen*, s. 96, etc.) that in the origin of Asiatic cholera, as it is both contagious and miasmatic, two different organisms are active, an Asiatic fungus, and a European fungus by its yeast-germ (how does the yeast-germ of the European fungus get to the locality in Asia in which cholera originated?), and believes that a very

rapid decomposition of the intestinal contents is produced, which, begotten by an enormous accumulation of the yeast-cells, at first is confined to the intestines, and thus, by a misinterpretation of cause and effect, considers this rapid decomposition as the cause of cholera.

On the other hand, at another place (*Parasitische Untersuchungen*, Leipzig, 1868, s. 58) he remarks, that in epidemics the cholera-fungi pass through the healthy intestinal canal, *en masse*, without injury to it, but leaves unexplained their excessive accumulation in the intestines necessary in his opinion for the origin of cholera, because the phrase "a particular disposition," as has already been said, is no explanation thereof.

Yet the accumulation of fungi in cholera-patients may be easily explained if one only abandons the idea of making, at all hazards, the fungi the cause of cholera, by the fact that cholera cultivates the soil for the habitation and accumulation of the fungi, which, through the intestines of the healthy, pass *en masse* without injury.

Finally, the fact that such phenomena can be found everywhere outside the living bodies, and solely in the decomposing products of life, argues positively in favor of the supposition that the phenomena of fermentation in living bodies appear only in their decaying organic matter.

For this reason, Hallier's work, *Die Gährungserscheinungen*, contains no case contradictory to this statement.

Healthy blood through life does not ferment and decompose; the flesh during life does not decompose, and milk does not sour; on the contrary, all products of life must be deprived of their vitality to a certain extent before they succumb to fermentation and decomposition.

This *aperçu* induced even Humboldt to declare the power of resisting fermentation and decomposition, notwithstanding the inclination thereto, as the principal criterion of life, and to base thereupon his definition of life.

Life, and fermentation and decomposition, are such absolute contrasts in nature as necessarily to exclude each other, because as long as all the self-activities for self-preservation continue in the organism, the integrity of its matter is not endangered by the inciters of fermentation and decomposition. Therefore, the inciters of fermentation and decomposition, as outside of living bodies and in healthy organisms, necessarily rests upon the supposition of decomposing organic matter, even in the diseased organism.

This is not contradictory to the fact that so-called mikrocy-metes are found in the blood and liver during life, and fermentative fungi in the saliva and gastric juice of healthy organisms, and may even have a physiological significance, since in their diosmotic exchanges decomposition and reformation of the organic matter are closely linked together.

Finally, we must yet remark that if inciters of fermentation and decomposition are capable of inducing fermentation and decomposition, even in the living, they do not, themselves, but the products of their action, the fermentative poisons, become morbid causes.

Lastly, the hypothesis of Béchamp, according to which the disease-begetting mikrocy-metes of infectious substances are said to be able to produce disease in the harmless mikrocy-metes of the healthy organism, which qualifies the latter to become causes of disease and death, is so incredible in its supposition, especially if one places himself with Béchamp upon the standpoint of the parasite-theory, that it requires no argument against it.

This hypothesis not only supports the presumption that even the mikrocy-metes occupying the border of microscopic discernibleness, are subject to infectious diseases, but also that the infectious substances of those mikrocy-metes contain living entities, which stand *beyond* the limit of all microscopic discernibleness, at *distances immeasurable*.

The supposition that fungi and algæ, formed in the sick, are not capable of becoming the causes of diseases, is by no means to deny the fact that, as companions of diseases, they may injure the organism by their accumulation in abnormally decomposed matter, and, as inciters of fermentation and decomposition, secondarily add, by their products of decomposition, virulent noxious causes to the morbid causes, or in the pus of the wounds of the healthy produce disease-begetting products of decomposition, because the latter is fully confirmed by pyæmia and septicæmia.

As the diseases named above, beyond all others, are very suitable to prove how easily prejudicial opinions misguide the best observers in their judgment of the causal relations of the objects of perception, I shall consider them more fully at this place.

C. Hüter, the indefatigable investigator, has recently attempted to determine the essential differences between pyæmia and septicæmia.*

* Zeitschrift für deutsche Chirurgie, von C. Hüter u. A. Lücke, Bd. 1, Heft 1, 1872.

In fundamental experiments he found that a quantity of blood exposed to decomposition, such as the decomposing watery extract of the muscles, shows at the second or third day (hence, not immediately, but when the decomposition is in full blast) the development of numerous circular corpuscles frequently drawn out on one side into a minute point, which in size scarcely attain to the eighth part of the size of a human blood corpuscle, and frequently are much smaller, and which hurriedly swarm through the liquid with very vivid motions. (*Monas crepusculum*, bacterium (Pasteur), micrococcus (Hallier), microsporion septicum (Klebs)).

These corpuscles, called *aerobiæ* by Pasteur, die as soon as they have consumed the oxygen of the decomposing liquid. The *anærobiæ* of Pasteur, the slender vibriones, the smallest of which is still surpassed twice or three times in length by the blood corpuscles, appear in from 8 to 14 days after the former, in decomposing blood and pus, but in the decomposing watery extract of the muscles not before four weeks, and often later, and at first only one by one.

The monads, and the demarcation of the inflammatory centre by their pressure, according to Hüter, are the criterion of pyæmia; and the vibriones and the enlargement of the inflammatory centre beyond their zone, the criterion of septicæmia.

But he demonstrated not only the presence of the monads and vibriones in the disease-centre, but also showed that the monads permeate the tissues and blood of the sick, and that they even can be found in the urine.

Hüter, moreover, implanted pieces of diphtheritic membrane into the muscles of rabbits, and observed fatal inflammation of the muscles therefrom, and detected a liquid in the decomposing pus by which the diphtheritic process could be produced in the subcutaneous tissue and bronchi of the rabbits, and subsequently proved the identity of myositis after the implantation of diphtheritic membranes and injection of putrid pus and blood.

In opposition to Klebs, who wishes to drop the distinction between pyæmia and septicæmia, for the reason that fungi (the microsporion septicum) destroy the tissues locally, incite the formation of pus, and, invading the lymphatic and sanguineous circulation, become the cause of secondary, circumscriptive, or diffuse diseases,* Hüter points out:

* Sitzung des Berner medic. chirurgischen Bezirksverein, vom 7 August, 1871; Correspondenzblatt für Schweizer Aerzte, 1 Jahrg., No. 9.

(1.) That only one group of infectious diseases arising from wounds (pyæmia) is produced by the microsporon.

(2.) That even after the disappearance of the monads in the decomposing muscular substance, the liquid remains infectious in the highest degree, the proof of which statement is furnished by its action upon the object of experimentation.

(3.) That gangrene of normal tissues, such as muscles, skin, connective tissue, furnishes a noxious agency, a putrid poison, which causes inflammation in the surrounding living tissue, and fever, upon its entrance into the general circulation, and that its existence has been sufficiently demonstrated. Its action manifests itself in the symptoms of septicæmia.

(4.) That, not in every case, the purulent process is occasioned by the irritation of monads, but also by mechanical and chemical irritants, *e.g.*, by the pus itself, a putrid poison, etc. For this reason he considers at present only inflammations as the products of monads, the proof whereof he considers himself able to furnish, in this direction, by the microscopic examination of the animal experimented upon.

As appears from the above, Hüter erroneously assumes the presence of monads in the inflammatory centre as proof of their being the cause of inflammation, and, by the limitation of the irritation to the demonstrable presence of monads, overlooks his previous declaration of the presence of the monads, confined to the inflammatory centre, as criterion of pyæmia, and thus admits exceptions which, *nolens volens*, become the rule with him.

"I can conceive," he says, "that the monads also develop a poison from the tissues, as *e.g.*, in the pulposus form of hospital gangrene, the diphtheritic tissues really decompose, and septic inflammation and septic fever follow. Even in diphtheritis of the mucosa we distinguish a gangrenescent form which arises from decomposition of the necrosed particles of the mucosa. Finally, there is also a form of gangrenous erysipelas in which, if death, as usually, does not set in previously, large portions of offensive skin are marked off by the putrid process."

Hence, in accordance with this statement, pyæmia, essentially, is the action of a putrid poison developed in the pus; and septicæmia the action of such a poison developed in decomposing tissues; and thus the monads, in reality, would stand in immediate causal connection only to the putrid poison of the pus, but not to the disease called "pyæmia," and the vibriones to the putrid poison in decomposing tissues, but not to the disease called "septicæmia."

In fact, Klebs does not assume that the microsporon septicum itself constitutes the morbid cause, but a substance produced during the development of the microsporon that diffuses itself in the nutritive liquid, and produces fever in the organism only by its continual importation by virtue of the presence of the fungi.

Notwithstanding, however, the prejudice in favor of the parasite-theory does not permit both investigators to abandon it, but, according to the logic customary in the etiology of pathological medicine, and unaware of the inseparable connection of cause and effect, induces them to construct for its salvation *intermediate agencies* between the fungi as morbid causes, and the diseases ascribed to them, *i.e.* between "irritamentum and irritatio" (Hüter) which, according to Hüter, are poisons, according to Klebs, substances which, produced during the development of the microsporon septicum, are diffusing the nutritive liquid.

What person free from prejudice can mistake that fungi eventually may give rise to the development of morbid causes, but even in this case would not be the causes of diseases themselves?

Thus we have proven that fungi and algæ cannot be the causes of diseases for which they are held responsible, because they do not exist previous to the diseases ascribed to them, and are not always present in the organism during their course, and because they do not possess the quality and power for this end, and thus the question before us is, in fact, already settled. However, we shall, for the sake of argumentative completeness, add, moreover, to the arguments based upon the fungi and algæ, such as, according to the rules of ætiological diagnostics, are abstracted from the diseases considered as the results of those agencies.

§ 2 of my *Outlines* contains this proposition: "A thing can only become a cause by means of something being done by it to another thing, by its effect; and, therefore, be recognizable, as cause, only by its effect."

From this follows the antithesis: "A thing which cannot be recognized from the effect, as the cause thereof, cannot be its cause."

In the following pages we shall endeavor to demonstrate that fungi and algæ cannot be recognized from the diseases assigned to them, as their morbid causes.

(4.) *Fungi and algæ, found in diseased organisms, are not*

the causes of the diseases ascribed to them, because the great diversity of these diseases is contradictory to the great similarity of these living entities.

According to § 5 l.c., the quality of every effect is determined by the quality of the cause and the quality of its object.

The parasites thus far found in man, remarks Hallier (*Die pflanzlichen Parasiten*, p. 33), are fungi belonging to a small number possessing great vital elasticity under the most varying conditions. Hence, it is true that they can, like the *Penicillium glaucum*, Lk., thrive upon the most varying soil, but the form of their vegetation is changed thereby so extraordinarily that, for this very reason, the various forms were described as different species, each of them requiring a definite maternal soil.

From this it may be seen that all these fungi are, essentially, identical entities, subject only to accidental formal changes.

How vastly different are, on the other hand, the diseases considered to be their effect. I name only the aphthæ, diphtheritis, small-pox, measles, typhus, anthrax, malarial fever, cholera, favus, herpes tonsurans, pityriasis versicolor, and plica polonica.

A diversity in diseases, so great as this, cannot result solely from the quality of the objects invested by those fungi.

Hence, the fungi, as identical entities in quality, can surely not be the cause of the vastly different diseases ascribed to them.

(5.) *Fungi and algæ cannot be the causes of the diseases ascribed to them, because their origin, appearance, and course argue against this supposition.*

The origin of the diseases mentioned, like that of all diseases produced by a virulent cause in the blood, presupposes a certain disposition and remote causes (*causæ occasionales*).

In diseases from an endogenous virulent cause, the predisposition to the production of its virulent cause in the blood, is the necessary disposition for its origin, and the remote cause (*causa occasionalis*), the external agency inducing the formation of this poison.

The diseases begotten, as admitted, by a living organic cause, such as scabies, trichinosis, etc., require for their origin, as we know, like poisonings from without, no predisposition and no remote causes.

Hence, we may suppose that even all other diseases occasioned by living entities, do not require for their origin a particular disposition and remote causes.

As this does not hold good as regards the diseases assigned to the fungi (we may almost surely protect ourselves, as is well known, against one of the worst diseases, against cholera, by avoiding its remote causes), it follows that these living entities cannot be the causes of these diseases.

Moreover, a portion of these diseases appears so suddenly, and at the same time (*e.g.*, cholera) in so violent a manner, that they kill the healthy in a few hours, and even in less time; the other portion, however, has precursors.

But the inhabitation and accumulation of the fungi in the organism as a noxious agency, cannot well require time, in one instance, and no time in another, and a sudden accumulation (a *contradictio in adjecto*) of the fungi in the organism, as a noxious instrumentality, is entirely impossible.

For this very reason alone we should be compelled to subtract from the diseases believed to have been occasioned by fungi, all those appearing suddenly.

Moreover, one genus of these diseases (malaria) has an intermittent course.

According to § 5 l. c., the duration of every action is determined by the constancy of its cause and the changeability of its object by means of the former. This applies evidently also to every disease.

Hence, intermissions of a disease are possible only in case of the temporary absence of the morbid cause, or the changeability of its object.

But we cannot assume a temporary absence of changeability in the object of the morbid agency as the cause of the intermission in malarial fevers, because this absence could be rendered possible only by temporary paralysis or exhaustion of its irritability; and there exists no reason for assuming either the one or the other.

Hence, the intermissions must be brought about by a temporary absence of the morbid cause.

The crises and paroxysms plainly argue in favor of the opinion that intermittents consist of a series of fevers, or rather relapses (by means of the reproduction of the morbid cause) (Elsner).

Fungi, as cause of malaria, could not be at once present, and absent; they are, hence, surely not its cause.

Malaria, therefore, cannot be attributed to the action of fungi.

(6.) *That fungi and algæ are not the causes of the diseases ascribed to them, is proven already by their cure.*

As no disease is curable in any other way except by removal of its cause, then, all the disorders ascribed to fungi and algæ would be incurable by nature; but all would be curable, on the other hand, by the art of healing.

The negatively integrating self-activities of the organism would be as powerless against fungi and algæ as they are against the acari and trichinæ, etc.; the physician, however, would be able to destroy, without trouble, as he does the acari, the fungi of the diseased organism, since, according to Hallier's experiments, he possesses in alcohol (even in the diluted) a surely destructive poison to them. But this is directly contradicted by experience.

The organism cures the diseases ascribed to the fungi, as it cures all other diseases of a *virulent* cause, by removing their causes from its domain by its negatively integrating self-activities (how often, for example, is a case of epidemic cholera arrested by a profuse perspiration), and, as in all other diseases of virulent origin, the art of healing can cure, if a cure be possible, the danger-threatening acute diseases delaying in their termination, or the chronic disorders passively endured, only by evoking the negatively integrating self-activities of the organism suitable for the expulsion of their causes.

Hence, fungi and algæ cannot be the causes of the diseases attributed to them.

RÉSUMÉ.

Fungi cannot be the causes of the diseases assigned to them, because they are not present in the organism previous to the diseases ascribed to them, or not always present during their course; because they do not possess quality and power for this end; because their similarity is contradictory to the great diversity of the diseases attributed to them; because they require so-called remote causes; because they often appear suddenly and at times have an intermittent course, and because they have to be cured by the negatively integrating self-activities of the organism like all other diseases of virulent origin, and are curable, like the former, by the art of healing only by evoking and assisting the self-activities of the organism adequate for their removal.

Monads and vibriones, however, as inciters of fermentation and decomposition, may occasion the development of fermentative poisons as morbid causes.

II. THERE ARE ONLY MECHANICAL AND CHEMICAL CAUSES OF DISEASE.

With the proof that fungi are not and cannot be morbid causes, the aim of this essay has already been accomplished, viz., to demonstrate that there exist only mechanical and chemical causes of disease, since other potencies, as morbid causes, do not come into question.

Yet, I shall try, moreover, to demonstrate that mechanical and chemical potencies solely possess the quality and power to become causes of diseases.

Reil has shown, and his view is generally accepted, that a definite composition and a definite form of their substances are the essential inner conditions of the life of bodies in nature.

Accordingly, we also observe that the living dies for want of the faculty, or lack of the external conditions, to retain the integrity of its composition and form, and is destroyed by potencies which destroy its composition or form.

Therefore, if the dependence of all life from a definite composition and form cannot be doubted, then, even the vital activities and their abnormal changes cannot be occasioned in any other way than by changes of composition and form.

This is confirmed also by experience.

We observe that all the normal self-activities of living bodies are incited by adequate chemical, mechanical and dynamical potencies (heat, cold, light, electricity, mental emotions) changing their composition and form.

The self-activities of the organic parts for self-preservation, *i.e.*, for the preservation of the integrity of its composition and form, are incited by their objects, the positively and negatively integrating irritants, the self-activities of the organs for the preservation of their kind, also by their objects; and of the self-activities of the nervous system, the centripetal, for the function of the soul, by the objects of the soul; and the centrifugal, by the soul itself, by changes of composition and form.

We likewise observe that abnormal self-activities of the living body can be incited, and the normal paralyzed only by inadequate potencies changing its composition or form.

When such inadequate potencies by their action, for any length of time, become positive obstacles to the function of the respective self-activities, we call them morbid, disease-begetting causes.

The property and constancy to become morbid causes we find only in inadequate mechanical potencies which do not destroy the vital force with the form of the organic structures, and in inadequate chemical potencies which do not destroy the vital force with the composition of the organic matter, but not in dynamic potencies.

The inadequate dynamical potencies, if they are constant, lack the property of affecting organic parts as positive obstacles to their self-activities; and, if they possess this property, lack the constancy; because, in this case, they occasion, like excessive mechanical and chemical potencies, immediate death.

It is true, we observe, that continual inadequate heat or cold, or inadequate atmospheric conditions, etc., or inadequate mental emotions—each noxious agency according to its kind—impair the faculty of self-activity in the living, but we do not observe that any of these noxious influences become the immediate cause of diseases; and, on the other hand, though we witness that extreme heat changes the organic structures into ashes, and extreme cold into ice, and the hitting stroke of lightning directly destroys life, and extreme photic irritation produces sudden blindness, yet we never see that any of the noxious agencies mentioned occasions disease.

Hence, there exist only two kinds of morbid causes—the chemical and mechanical; and, in the ætiological sense, only two classes of diseases—diseases from mechanical and diseases from chemical causes.

(Concluded next month.)

A NEW WIRE SNARE ECRASEUR.

BY CHARLES E. SAJOUS, M.D.

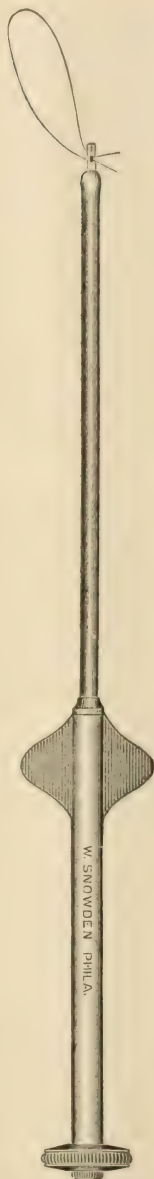
(From the Medical News.)

THE accompanying cuts represent an instrument which I have had constructed for the extirpation of intra-nasal growths. While possessing all the merits of other wire écraseurs, it has the advantage of being much less complicated and consequently easier of manipulation. It consists of five pieces: two cylindrical tubes, two rods, and a milled nut.

The two tubes are made of steel and of different sizes. The narrower one, or end piece, is 4 inches long and $\frac{1}{16}$ th inch in diameter, and is threaded at one end to fit tightly in that of the second or larger tube. This is only 3 inches in length and



Longitudinal section
of instrument.



Its external
appearance.



Magnified end of
needle-rod.

$\frac{1}{6}$ in diameter. The two rods are also of different sizes, their diameters allowing their introduction into the tubes, the cavities of which they fill, and along which they can move freely. The end-rod, about the thickness of a crochet-needle, is $\frac{1}{8}$ th inch longer than the narrow tube and protrudes through it. Its end is furnished with an egg-shaped needle-eye. The other end is threaded to fit in that of the larger rod, which is also $\frac{1}{8}$ th inch longer than the tube containing it, and threaded throughout its entire length for the movement over its surface of a milled-nut. This nut lies in close apposition to the posterior end of the large tube, and when revolved from left to right, causes the rods to descend. Near the middle of the instrument is a ribbed finger-rest to insure the operator a firm hold. Rotation of the rods in the tubes is prevented by a ridge in, and at the end of the larger tube, corresponding with a narrow, flattened, longitudinal surface on the threaded rod.

In other instruments, the wire has to be passed throughout the entire extent of the tubes and attached either to rings, pins, etc., or whatever the inventor may have thought best, a rather lengthy and sometimes difficult procedure, especially if the inside of the instrument be a little rusty. In that introduced in this paper, but a small piece of wire is needed, say two or three inches, as the case may be; this is doubled into a loop, and the ends passed through the eye until they protrude about a quarter of an inch. Traction being then caused by turning the milled-nut, the end of the rod will disappear in the tube, doubling the wire-ends on the loop. As shown in the annexed cut, representing the end of the rod as seen through a lens, a shallow groove connects the needle-eye with the tip of the rod on each side. When traction is induced, the ends on one side, and the apex of the loop on the other, half fill these grooves, and the pressure exerted by the surrounding tube holds them as tightly as in a vise. The edge of the needle-eye is rounded and smooth so as to avoid a too sharp bend in the wire, which would cause it to break. For operations in the pharyngeal vault, there is a curved end which can be attached to the narrow tube and held there by a self-acting spring.

Besides the simplicity of its construction, this instrument presents advantages which I think it advisable to enumerate:

1st. It is strong as well as light, and its different parts can readily be separated for cleansing.

2d. The wire can be attached in a moment and as rapidly withdrawn.

3d. The loop being close to its point of attachment, it is not liable to twist on its axis.

4th. The loop being at one end, the milled-nut at the other, and the point of support in the centre, it is evenly balanced.

5th. The milled-nut not being immovable longitudinally, its rotation does not involve lateral motion of the operator's arm, thereby avoiding pressure of the point of the instrument against the tumor.

While being especially adapted to intra-nasal operations, extirpation of polypi, hypertrophic thickenings of the nasal mucous membrane, adenoid vegetations of the pharyngeal vault, etc., it seems to me that it could be used with advantage in gynecology, aural surgery, and all operations in which an *écraseur* would be indicated.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting was held at the Hahnemann Medical College, on Thursday evening, March 13th, 1884, with forty-four members in attendance. Dr. W. B. Trites, President, in the Chair.

The minutes of the February meeting were read and approved.

The Censors reported favorably on the application for membership by Dr. W. C. Powell, whereupon this gentleman was duly elected.

The society then took up the proposed addition to Article VIII. of the By-Laws.

After an animated discussion, the following received an almost unanimous vote, and was declared passed :

"Sec. 4. The President shall also appoint a Board of Examiners, consisting of three members, whose duty shall be to inquire into the educational and moral qualifications of all persons proposing to study medicine under the preceptorship of any member of this society, the examination to include the branches embraced in an ordinary English education; and no member shall accept such student without a certificate of said Board."

Nominations for the offices to be filled in April, were then made as follows :

For President, Dr. W. B. Trites; for Vice-President, Dr. Samuel Brown; for Treasurer, Drs. R. C. Allen (present incumbent), and W. H. Bigler; for Secretary (present incumbent, Dr. C. Mohr, declining re-nomination), Drs. O. S. Haines, H. F. Ivins, C. Bartlett, and W. H. Bigler; for Censors (three to be elected), Drs. A. R. Thomas and M. S. Williamson (present incumbents), E. A. Farrington, J. K. Lee, and P. Dudley.

So much time was consumed discussing the newly-adopted By-law, that it was late before the report of the Bureau of Obstetrics and Gynæcology was called for. The Chairman, Dr. I. G. Smedley, was absent, as were Drs. O. S. Haines and W. K. Ingersoll, with their promised papers. Dr. B. F. Betts read a paper on "Antisepsis as applied to Pelvic Surgery and Obstetrics," and Dr. J. N. Mitchell, instead of the subject previously announced, read a paper on "A Study of the Evolutions of Face Presentations."

The report was accepted, the unread papers included, and referred for publication, and it was voted to discuss the subjects in April, after the business of the annual meeting had been transacted.

Dr. Bushrod W. James moved the adoption of the following:

"Resolved, That the order of business be so arranged that the Bureau reports shall be taken up at 9 o'clock P.M. unless otherwise ordered by the Society."

Passed after it had been suggested that members be prompt in attendance at 8.30 P.M., so that the legitimate business could be transacted before 9 o'clock.

Dr. B. F. Betts was appointed Chairman of the Bureau of Obstetrics and Gynæcology for the ensuing year. Adjourned.

THE ANNUAL MEETING of the Society was held at the Hahnemann Medical College, on Thursday evening, April 10th, 1884, the Vice-President, Dr. Samuel Brown, in the chair. Thirty-eight members were present. The minutes of the preceding meeting were read and approved.

Dr. C. G. Raue, chairman of the Bureau of Clinical Medicine, announced having associated with him Drs. H. N. Guernsey, Ad. Fellger, C. B. Knerr, and C. Mohr.

Dr. B. F. Betts, chairman of the Bureau of Obstetrics and Gynæcology, announced his associates to be Drs. H. N. Guernsey, C. Neidhard, J. N. Mitchell, and I. G. Smedley.

Dr. J. Sperry Thomas, chairman, announced that the Bureau of Sanitary Science would discuss the subject of SCHOOL SANITATION at the May meeting.

Dr. John K. Lee, chairman of the Standing Committee on Organization, etc., made the following report:

The Standing Committee on Organization, Medical Education, Statistics, and Legislation, would beg leave respectfully to report that their labors for the current year have not been productive of any noteworthy results, although the special duties assigned have not been neglected, or any measure miscarried by reason of failure to take necessary action. Whilst our Society has largely added to its roll of membership, and maintained the efficiency of its organization, we regret to observe a declining interest in its exercises as manifested by the tardiness in convening at the hour specified, and the repeated absence of members who have been conspicuous in the past for their usefulness and their ability to contribute to the success of the organization. This apparent declension we honestly believe arises in part from the character of the papers submitted by the respective bureaux. Instead of illustrating the advanced thought, progress, and latest discoveries on the subjects discussed, the articles are too often a mere compilation or rehash of the standard works, and consequently do not arrest profound attention or evoke subsequent discussion.

So exacting and absorbing are the requirements of the profession that its votaries enjoy little beyond enforced leisure, and their attendance upon our meetings is often secured at the cost of their personal interests and comfort, and if for these sacrifices they find not a recompense in the additional knowledge acquired, there will remain no incentive to their attendance. What modification should be made in our order of business to avert this evil, your committee would not advise; but simply allude to the subject in order to invite your consideration and provide the remedy.

We are glad to recognize a growing disposition in the profession to demand of the student a more thorough mental training as a prerequisite to the study of medicine as well as a longer term of preparation for the honors of graduation. The opportunities for intellectual improvement are so abundant and accessible that there is no sufficient plea for ignorance. Our public schools and colleges are open for the admission of all classes, and are ever ready to bestow their benefactions upon the needy. Their benign influences are permeating the masses, and elevating them to a higher plane of intellectual life and experience. In this march of progress the professional man must lead the van or else imperil his reputation. The refinement and culture that are found in every community require that the physician should not only be furnished with all the equipments of his profession, but also be familiar with science, and versed in literature. If he unfortunately cannot comply with this requirement of this enlightened age, the deficiency of his mental training will be an incubus upon his progress and a bar to his entrance into the circles of polite society.

Your committee would be derelict, did they not here chronicle the important fact that a hope long deferred, and that really made the heart sick, is soon to be realized.

The Hahnemann college is about to emerge from her obscurity, and, renewed and disenthralled, will stand abreast of the most favored medical institutions in our land. She has secured a suitable location on which to erect the necessary buildings replete with every convenience, and as they loom up in their completion they will be a proud monument to the illustrious name they bear, and an ornament to our beloved city. May we not

invoke Heaven that their altars, dedicated to homœopathy, may never be desecrated by the worship of false gods or polluted by teachings subversive of the law, *similia similibus curantur*.

The report was accepted.

The Treasurer's report was next presented, showing receipts amounting to \$166.70, and expenditures amounting to \$162.81, balance \$3.89. Report accepted and referred for audit.

At 9 P.M. the election for officers took place, Drs. W. H. Keim and J. M. Mitchell acting as tellers, resulting in the choice of the following:

President: Dr. W. B. Trites.

Vice-President: Dr. Samuel Brown.

Treasurer: Dr. W. H. Bigler.

Secretary: Dr. Horace F. Ivins.

Censors: Drs. A. R. Thomas, John K. Lee, and P. Dudley.

Dr. J. B. Kniffen moved a vote of thanks to Dr. C. Mohr, the retiring secretary, for his arduous labors in behalf of the Society since 1878. Passed unanimously.

Dr. C. Mohr expressed his gratitude, and bespoke for his successor the same considerateness and courtesy that had been extended to him during his six years' service as secretary.

Dr. Joseph E. Wright, a graduate of the Hahnemann Medical College of Philadelphia, class of 1884, was proposed for membership by Dr. Chandler Weaver. Referred.

A short discussion then ensued on Antisepsis as applied to Pelvic Surgery and Obstetrics, and at 10.30 P.M. the Society adjourned.

A NEW METHOD OF TREATING LARGE BONE CAVITIES IN THE LOWER END OF THE FEMUR.—In adults Dr. F. Lange has repeatedly found, after extensive operations on the lower part of the diaphysis of the femur, a very obstinate resistance to complete recovery. The following method he has adopted in three cases with most successful results: First, an anterior flap is formed from the soft parts covering the lower end of the femur, which has its base either corresponding with the articular line or laterally. Ankylosis existing in a straight position, the patella was excised, and the whole anterior wall of the bone cavity was removed. Finally, an oblique section was made, severing the anterior third of the condyles and descending toward the bottom of the bone cavity. In this way the abruptness of its lower edge is replaced by a smooth oblique plane. The whole bone cavity must be thoroughly scraped out and disinfected. Then the dorsal flap, whose length must correspond to the extent of the cavity, is depressed toward the bottom of the cavity and eventually fastened by a nail or needle. No sutures are applied. Of course raw surfaces remain above the edges of the flap, which are left to heal by granulation. It is remarkable how the great difference of *niveau* existing in the beginning disappears in the course of months. After a time the flap is again raised. Apparently a new formation of tissue, probably of bony nature, takes place below it.—*N. Y. Med. Journ.*, March 15th, 1884.

1884.]

THE
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MONTHLY.

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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

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No. 5.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

HOMŒOPATHIC SKILL VERSUS ALLOPATHIC MONEY.—

Homœopathic physicians are firm believers in medical statistics. Allopathic physicians, also, attach great value to statistics,—all except those relating to the comparative results of different systems of medical treatment. So far as this latter class of statistics has yet been obtained, the figures always tell emphatically in favor of the homœopathic as against the allopathic method. (If the reverse of this were true, perhaps allopaths would receive these figures more gladly than they do.) The uniform character of these statistics makes them less interesting, even to homœopathic readers, than they used to be; nevertheless, we print, this month, the comparative results of homœopathic and allopathic treatment in the public institutions of Arapahoe County, Colorado, regardless of their monotonous character. (See our News pages.)

These numbers, given in brief, show that during the year ending March 31st, 1883, of 877 patients treated by the county physician (allopathic), *inside* the county hospital, poorhouse and jail, the deaths were 79, or one death to every $11\frac{1}{10}$ pa-

tients. During the succeeding twelve months, ending March 31st, 1884, the county physician (homœopathic) treated for the county, *inside and outside* the public institutions, 1764 patients, of whom 52 died, or one to each 34 patients. The cost, under homœopathic treatment was \$9.66 per capita, and under allopathic treatment, \$12.75 per capita.

The report is a little unsatisfactory in one particular. It mentions that, of the 52 deaths under homœopathic treatment, 9 were among the outside poor, but it fails to mention what proportion of the 1764 patients were of this class. Had this item been given, a more exact comparison could be made. Enough, however, is known to show that the results are, as usual, overwhelmingly in favor of the modern school of therapeutics and modern methods of treatment as against the empirical system of the ancients. Had the figures been reversed, what a shout would have been raised in the Philistine camp!

Now, the strangest part of this fragment of medical history remains to be told. The Board of County Commissioners, all of whom were thoroughly familiar with the facts above stated, have just voted, by a majority of one, to go back to the older and less successful and more expensive method; have discontinued the official relation of Dr. Ambrose S. Everett, and have elected an avowed allopathist in his stead. The reason for making this change, as stated by the president of the board, was that the services of an allopathist could be had for \$600 less than those of Dr. Everett. If, during the current year, there should be 1764 patients to be treated,—the same number as last year,—the deaths will probably be about 159, or 107 more than there would be under Dr. Everett's treatment. The board simply weighed these 107 human lives against the \$600 difference in the "bids," and they kicked the beam. It has often been found difficult to estimate the value of a human life, but the County Commissioners of Arapahoe County, Colorado, have decided that a *poor* man's life is *not* worth \$5.61. Exactly how much it is worth has not yet been accurately determined. At this rate, dissecting material in the Denver Medical College (allopathic) is "dirt-cheap," and we have no doubt that ere long it will be sufficiently abundant.

HOW TO SUSTAIN A MEDICAL COLLEGE.—The friends of the Denver (Colorado) Medical College recently petitioned the authorities of the county (Arapahoe) in which the institution is located, to discontinue the services of their county physician, Dr. Everett, and to appoint in his place a physician "who is

recommended by, and is in sympathy with the said Medical College," the person so recommended being a man named Cox, and belonging to the special class of physicians known as the ancient order of allopathists. The records of the institution over whose medical interests Dr. Everett was presiding, show that he was losing by death one case in every thirty-four, while his predecessor, who held to Dr. Cox's peculiar modes of prescribing, had lost about one case in eleven. Hence it was, of course, understood that the Denver Medical College and its friends desired to return to the old mortality rate, *i.e.*, one to eleven, in preference to the new rate, one to thirty-four, the difference in the two methods realizing the snug little sum of one hundred and seven additional cadavers per annum. Indeed, so desirable did this object appear, that the college, or rather its "recommended" representative, offered to contribute six hundred dollars of his honest wages for the extra one hundred and seven, which was at the rate of five dollars and sixty-one cents apiece—a most liberal and generous proposal.

The board of commissioners of the county, interested, of course, in their home college, and wishing to discourage their young men from resorting to the pampered colleges of Eastern cities, or the effete institutions of Europe, at once saw in this proposal a chance to place Denver College not exactly in the front rank of American schools of medicine, but far in advance of the foremost of them. Not to be outdone in liberality, the board incontinently suppressed a certain Dr. Bonesteel, who offered to give *nine* hundred dollars—three hundred more than Dr. Cox's price—for the chance to dispose of those one hundred and seven. What could *he* want with the office of county physician? *He* wasn't connected with a medical college, even if his name *was* Bonesteel. The commissioners were seeking to promote the cause of "higher medical education;" why should they be influenced by any such sordid consideration as Bonesteel's extra three hundred dollars? Six hundred dollars was all that the hundred and seven were worth, and so Dr. Cox was elected.

This wise and progressive measure on the part of the commissioners will doubtless be commended by every friend of "higher medical education." Everybody knows that in order to fit the student for practice he must be kept well supplied with dissecting material. Equally well known is it, that the *allopathic* student, if he is to maintain the reputation of his predecessors, must be an adept in the art and mystery of post-mortems—the business which will require so much of his time

and thought after he gets into practice. By a single enterprising stroke of policy the Denver Medical College, aided by three of the five county commissioners, has placed herself in a position to command a supply of dissection and post-mortem material precisely equal to her fullest demands. And so cheap, too! One hundred and seven stiff's at five dollars and sixty-one cents per stiff! It is but a few months ago that an Ohio medical college was expected to pay a hundred dollars for only three cadavers, and even these were prepared for the dissecting tables in a most bungling and unsatisfactory manner, by having their brain-pans stove in with an axe or something, rendering them far inferior to the "elegant preparations" obtainable by the "scientific processes" of the physician "recommended-by-and-in-sympathy-with-the-said-(Denver)-medical-college," at only five dollars and sixty-one cents apiece.

One of the chief advantages secured by the Denver college will be in the ability to select just the kind of material she may need. How easy it will be for the new county physician to act "in sympathy with the said college." He has only to send word to a professor: "Dear doctor, have just received a fine case of jim-jams, a lively, muscular fellow, free from superfluous fat. Do you want him? Yours, in sympathy, etc., Cox." And back comes the reply: "Am just through with the dry bones; expect to begin on the muscles to-morrow; your offer is timely, as usual, and is accepted with thanks; please have him ready in time for the 10 o'clock lecture. Yours, truly, A. Nat. Omist, M.D." Or, a professor shouts through his telephone: "Hello, Cox! send me a pneumonia case for post-mortem to-morrow; I want to show the boys a red hepatization." Forthwith the answer comes: "All right! Bridget Maloney's lights are heavier than her liver; she'll just suit you. You college fellows are overdrawing your account; but no matter; I know what this almshouse is run for; Bridget shan't keep you waiting; trust Cox for that."

What other medical school, here or elsewhere, can boast such "facilities?" In the language of the poet, revised, enlarged, and greatly improved: "What is a medical college without an almshouse and a county physician 'recommended by, and in sympathy with, the said medical college?'" And so Denver outshines all her competitors. In her effulgence, Old Hahnemann, and Harvard, and Old Penn, and the B. U. S. M., and the whole constellation, pale their ineffectual fires and hide their diminished heads. And all for six hundred dollars!

Notes and Comments.

HAHNEMANN COLLEGE OF SAN FRANCISCO adopts the three-term rule, and begins its initial session of five months on the first Tuesday in June. Why the session is held in summer in preference to winter we are unable to guess, but presume there are reasons for it. We hope our Pacific Coast colleagues may be able to stop entirely the annual exodus of students from homœopathic offices into allopathic colleges. It is high time that shameful business was discontinued *in toto*.

Henry R. Madden, M.D. of Bath, formerly of London, England, died February 29th in the sixty-sixth year of his age. He had for some years been incapacitated for work or practice, by reason of ill health. He was the first compiler of the British Homœopathic Pharmacopœia, which appeared in 1870, and in 1871 was president of the British Homœopathic Congress, though prevented by illness from performing the duties of the office. He was among the earlier champions of Homœopathy in Great Britain, and contributed numerous and valuable articles to the literature of the modern school of practice.

APPROPOS TO THE COLORADO MATTER.—A number of years ago, a prominent homœopathic physician of this city solicited a member of the Board of Guardians of the Poor to use his influence to secure the appointment of homœopaths on the almshouse medical staff. The following dialogue ensued: *Guardian*. "If you can show me any advantage in so doing, I will gladly do it." *Doctor*. "You will save the city large sums of money now expended for drugs." *Guardian*. "Well, that is an advantage surely; have you anything else to offer?" *Doctor*. "It will diminish the pauper mortality." *Guardian*. "I think, on the whole, *we had better drive along in the old ruts.*"

THE NEW YORK MEDICAL TIMES has enlarged its pages, and commences its twelfth volume in a bright new dress. The first number of the new volume contains three original articles, all of unusual excellence, upon "Habitual Constipation" by S. T. Donaldson, M.D., "The Truth Concerning Alcohol" by Eldridge C. Price, M.D., and "Hernia—Its Physiological Factor and Mechanism," by Geo. H. Taylor, M.D. Dr. Price's article is brief, and is designed to show that Dr. Carpenter's view that "Alcohol taken into the body is not burned at all, but is expelled as a substance foreign to its constitution" is not supported by careful observations and experiments. Dr. Price evidently thinks—as *we do*—that the question of the food value of alcohol and the question of its toxic properties have no necessary relation to each other whatsoever; and that the cause of good morals and good health can be best secured by a separate consideration of these two questions.

WHAT CONSTITUTES ALCOHOLIC EXCESS.—A paper on this subject by Dr. Henry Leffman (*Polyclinic*, Dec. 15th, 1883) concludes as follows: "The limits established would permit a healthy man, without special gouty or dyspeptic tendency, and partaking of food in moderation, to use about half a tumblerful of whiskey, very much diluted, or about two glasses of beer; these amounts to be used only at meals, and not then if the quantity of food is fully sufficient to satisfy the appetite."—*New York Medical Times*.

We are not quite sure that we catch the exact meaning of the above named writer, but we do know that his statement as above given is calculated to impress upon the non-medical reader, a most pernicious and dangerous fallacy. All uneducated, civilized people know that to a healthy

man, alcohol is a poison always, though some learned men seem to be densely ignorant of the fact. In rare instances it appears that men can maintain the habitual use of alcohol without perceptible impairment of general health (and the same is true of arsenic and opium), but *no* person, upon beginning its habitual use, can reasonably hope to escape its almost invariable consequences—vitiating moral sense, impaired intellect, undermined physical health, and a very materially shortened life, and these, even though the poison be always mingled with wholesome food. Nor does the value or the worthlessness of alcohol as a food, affect this statement in the slightest particular.

Cleanings.

THE RELATIVE THERAPEUTIC VALUE OF THE IODIDES OF POTASSIUM AND SODIUM.—Dr. H. W. Berg recommends that the Iodide of sodium may be substituted with advantage for the Iodide of potassium in those cases in which it has been customary heretofore to prescribe the latter drug. The beneficial results obtained are produced by the Iodine contained in the salt, whereas the deleterious effects which follow its administration are evidently due to the Potassium.—*Archiv. Med.*, April, 1884.

THE SUCCESSFUL TREATMENT OF BRONCHOCELE BY THE SETON.—In two cases of bronchocele treated at King's College Hospital, Mr. Henry Smith successfully practiced treatment by the seton. In the first case, which occurred in a policeman aged forty-three years, the neck measured nineteen inches in circumference; the tumor involved mainly the right lobe of the thyroid gland and pushed the larynx far to the left and gave rise to intense dyspnoea. A seton, composed of a double hempen thread, was introduced, and this produced great irritation with free purulent discharge. At the end of two weeks the patient suffered from great febrile disturbance, and the seton was withdrawn. A drainage tube was then introduced, and through this much discharge of offensive debris took place. The tumor gradually diminished in size until the drainage-tube was permanently removed. The second case was in a lady aged sixty-eight years, in whom the symptoms were urgent, but who was too weak to permit the removal of the tumor by operation. A seton was then introduced and was worn sixteen weeks. In this case, also, the tumor gradually diminished in size and its attendant symptoms disappeared.—*London Lancet*.

LATERAL CURVATURE OF THE SPINE.—Dr. Newton M. Shaffer tabulates the following varieties of lateral curvature of the spine: 1. The true scoliosis, with rotation of the vertebræ. 2. The hysterical simulation of the true curve. 3. The incidental curve, due to an unequal length of the lower extremities, etc. 4. The curve due to unilateral lung or pleural disease. 5. The curve with exaggerated rotation, due to infantile paralysis. 6. The lateral curve, which accompanies the first stage of Pott's disease in the lower, and especially the last, lumbar vertebræ. 7. The rachitic curve. 8. The curve due to an atonic condition of the fibrous and muscular tissues in the adolescent when prolonged malposition is maintained, as a matter of occupation especially.—*Archiv. Med.*, April, 1884.

BROMOFORM.—In a communication addressed to the Vienna Medical Society, at its session on January 11th, 1884 (*Wien. Medic. Wochenschr.*), Dr. von Horoch presented some facts concerning the anæsthetic properties of Bromoform. This substance, analogous in composition to Iodoform and Chloroform, is an oily, transparent liquid, of an agreeable odor and sweetish

taste. It is sparingly soluble in cold water, but dissolves readily in warm water and in Ether, has a specific gravity of 2.9, and boils at 151° C. The drug was given to animals by inhalation, subcutaneous injection, and by the mouth. In all the experiments it was shown to possess remarkable anæsthetic and hypnotic properties. The anæsthesia produced by inhalation could be maintained for any desired length of time without producing any alarming or unpleasant symptoms in respect either to respiration or the action of the heart. The primary stage of excitement was less marked than is the case when Chloroform is administered, and there is no nausea nor vomiting. When employed in a one per cent. solution, it possesses strong antiseptic properties. Very profound and long-continued narcosis is produced by subcutaneous injection. In a rabbit, an injection of fifteen minims caused a deep sleep for forty-eight hours. Dr. von Horoch employed Bromoform also in man. It was used in three cases of surgical operation, one a double osteotomy, without any unpleasant effects being produced. Professor Albert stated that the anæsthesia observed after inhalation of Bromoform was very similar to that of Chloroform. Its effects, however, are less transient; the narcosis is longer continued; children, when under the influence of Bromoform, will, upon awaking, eat with relish, but fall asleep again immediately. In other respects, its action seems to be somewhat less powerful than that of Chloroform, especially as regards the heart and respiration, upon which it appears to exert no injurious effect. One disadvantage, however, which it possesses, is an irritant effect upon the mucous membranes.—*N. Y. Med. Rec.*, April 5th, 1884.

REFLECTIONS UPON THE ABUSE OF ERGOT IN OBSTETRIC PRACTICE.—Much has been said, says Dr. George J. Engelman, of meddlesome midwifery as applied to early operative interference, but meddlesome midwifery of a far more dangerous kind, because less evident and far more common, has, to a great extent, escaped criticism; this is, the liberal use of Ergot in obstetric practice. What the forceps are to the skilled obstetrician, Ergot is to the unthinking practitioner and midwife. Aye, more, it supplies the place of every other remedy, of patience as well as the skilled hand. Ergot seems to be the all-powerful and only agent in the obstetric practice of but too many, and so much more injury than good is done by the drug, that its use in obstetric practice should be condemned altogether. It is never necessary, and when really needed cannot be relied upon for immediate action, so that other means must be resorted to.—*Medical News*.

THE TREATMENT OF THE FRESHLY-RUPTURED PERINEUM.—Many times the immediate operation for lacerated perineum is unsuccessful because of the swelling of the torn tissues taking place during labor. At the time of the operation, the edges of the wound may be very nicely coaptated, but inside of twenty-four hours a subsidence of the swelling takes place. Now, the sutures are insufficient to hold the edges of the laceration together. To obviate this difficulty, Dr. J. H. Carstens, of Detroit, has employed the following device: Wire sutures are introduced as in the ordinary operation and strung with five or six perforated shot, the last one of which is to be compressed firmly to make the suture secure. When, on the following day, the swelling has subsided, and the suture has become loosed somewhat, the remaining loose shot are moved up and the last one of these tightened, while the one which had been tightened before, no longer being of any use, is cut off. This measure is repeated from time to time according to the exigencies of the case.—*Amer. Journ. of Obstet.*, March, 1884.

ON THE DELIVERY OF THE SECOND FÆTUS IN TWIN LABOR.—In cases of twin labor, the second fœtus is liable to assume certain malpositions, varying from the slightly oblique to the completely transverse. It is also to be noticed that in a large proportion of cases the second fœtus presents

the breech, and that, although this presentation may not make the labor more difficult for the mother, it increases the danger for the child. Finally, it is to be remembered that in presentations of the trunk, shoulder, brow, or pelvic extremity, there is greater danger of prolapse of the cord, since these parts do not correctly adapt themselves to the pelvic brim. With a view to the prevention of these malpositions and complications, Dr. Charles M. Green, of Boston, suggests the following method of treatment immediately after the birth of the first child: The mother should be bidden to lie upon her back, the funis tied with two ligatures and cut between them, and the infant delivered to an attendant. On no account should an attempt be made to remove the placenta. Without delay, examination should be made to ascertain the position of the second fœtus. If it is found that a breech or the well-flexed head has normally engaged in the superior strait, it is probable that the labor will be speedily and naturally completed. But if, as is commonly the case, the tired uterine muscle does not at once contract, and the membranes remain unruptured, the second fœtus will not be found within easy reach of the examining-finger,—will remain at or somewhat above the pelvic brim. Under these circumstances, in order to examine with accuracy and to be prepared to deal with any complication that may threaten, a hand should be passed into the vagina; since this canal has just been dilated, and its sensitiveness obtunded by the passage of the first fœtus, this manœuvre can cause no pain. While one hand is thus occupied, the other hand should support the fundus uteri and prevent the womb from assuming a marked degree of lateral obliquity. If it should be found that a malposition already exists, bipolar version should be performed to restore the fœtus to a longitudinal position, and external pressure should be properly exerted to maintain it therein. If the cord is in advance, it should be pushed above the presenting part before the membranes are ruptured. If now the fœtal heart is heard, and the mother's condition does not demand immediate delivery, the patient should be allowed to rest. At the end of half an hour or more, if pains have not recurred spontaneously before that time, abdominal frictions and, if necessary, rupture of the membranes should be resorted to, to stimulate uterine contractions. If the head occupies the brim, with the hand already in the vagina, perfect flexion can be secured; if the pelvic extremity presents, or if the membranes rupture suddenly before the presenting part has occluded the superior strait, the hand is ready to prevent a prolapse of the cord.—*Amer. Journ. of Obstet.*, Feb., 1884.

OVARIOTOMY IN OLD AGE.—Dr. J. E. Janvrin recently performed a successful ovariectomy in a woman seventy-seven years of age. Except for the influence of the rapid growth of the tumor, the patient was in good health. The tumor was a monocyte, and was removed through an incision only two inches long.—*Amer. Journ. of Obstet.*, Feb., 1884.

TREATMENT OF CHRONIC VAGINITIS.—Dr. Martineau states (*Ann. des Mal. Genito-urin.*) that he has found in his service at the Lourcine Hospital that Salicylic acid mixed with powdered gum-arabic and wheat flour, according to the following formula, gives good results:

R. Salicylic acid,	. . . . .	3 parts.
Wheat flour,	. . . . .	5 "
Powdered gum-arabic,	. . . . .	1 "

This powder is applied to the whole of the internal surface of the vagina by means of an insufflator.—*Medical News*, April 12th, 1884.

THE TREATMENT OF SUPPURATING BUBOES.—Dr. O. Petersen, as soon as fluctuation is detected, recommends the opening of the bubo by a free incision, thoroughly evacuating its contents. Its cavity should then be thoroughly cleansed with an antiseptic solution, after which, Iodoform

should be dusted on. The cavity is then packed with Salicylic wadding, a compress of the same material or of tow placed over it, the whole covered with oiled paper and firmly bound down by a spica bandage. This dressing will not require frequent renewal. By the above method, it is claimed that the duration of these buboes will be lessened fifty per cent.—*Centralbl. f. d. Klin. Med.*, Feb. 23d, 1884.

INTRAOCULAR TENSION.—Höltzke's (*Arch. f. Ophthalmologie*, xxix., 2) manometrical experiments have yielded him the following results: 1. With the dilatation of the pupil caused by Atropia, there is intimately connected an increase of the tension in the anterior chamber; and with the contraction of the pupil induced by Eserine, there goes hand in hand a diminution of this tension. 2. Eserine possesses the power of increasing the intraocular tension to a considerable degree, but the myosis caused by Eserine not only counteracts this power of increasing the tension, but also lowers this tension below the physiological average. 3. Atropine certainly does not possess the power of directly increasing the tension, but it increases the tension in the anterior chamber considerably by its power of dilating the pupil. 4. Under physiological conditions, without the employment of Atropine or Eserine, the tension in the chamber rises with dilatation of the pupil and sinks with contraction of the pupil.—*N. Y. Med. Journ.*, March 22d, 1884.

ANOTHER SURGICAL FOLLY.—The local use of Nitrate of silver for the intended destruction of a virus, or for the disintegration and removal of fungous or malignant tissue, is founded on an error. Nitrate of silver, though popularly called a caustic, is not a caustic; it is a mere irritant, scarcely more active than tincture of iodine.—*The Polyclinic*, March 15th, 1884.

BELLIS PERENNIS.—This drug is the common daisy. Proving of it have been made under the supervision of Dr. J. Compton Burnett. The following is a summary of the symptoms obtained by one of the provers: The first symptom noticed was a gurgling sensation felt in the left side of the abdomen, which shortly moved upwards to the region of the spleen and there remained for a time. The prover also experienced a creeping sensation in the veins on the left side of the head. On the following day, these symptoms repeated themselves, but, in addition, there were slight stabbing pains in the right hypochondrium. On the third day there appeared an enlargement or distension in the splenic region, and this portion of the body was sore to the pressure of the hand. The tongue was slightly yellow. Later in the day, the distension became more painful, and was especially aggravated after taking a meal. The eyes begin to be affected, and a twitching-jerking sensation, akin to the feeling produced by the electric sparks coming to one's knuckles from an electric machine, is experienced in the left one. On the fourth day, the pains in the splenic region continued, and there were also shifting pains extending across the epigastrium and around the navel. But the stitches in the left side continued and became aggravated with the slightest movement. The pulse is irregular. On the fifth day the medicine was discontinued, but was renewed on the following morning, when he felt a creeping chilliness when coming in from the cold air, a symptom, however, which was but transient. On the seventh day throbbing pain in the left temple, increased action of the heart, and the same old feeling in the region of the spleen. On the eighth, the inside lining of the nose became very sensitive and sore, and scabs began to form in both nostrils, but chiefly the left. On the ninth, gripping pains in the pit of the stomach appeared. The tongue was coated with a brownish fur. He had to retire earlier than usual; swimming sensation in the head on

lying down; nausea. On the tenth the nostrils were worse. Congestion of the small veins on the left side of the head was noticed. Itching of the anus appeared, with a sensation of heat in the interior of the rectum. The sphinctor muscles also became affected and seemed less elastic than usual. Several pimples came out on the face and neck. Itchiness of the head became almost unbearable; the glands of the neck were "tight and sore." From the eleventh to the thirteenth days all the symptoms grew worse. The prover, however, remained in capital spirits. By the fifteenth day his brain became more muddled. His feces grew lighter in color. The remedy was then discontinued for three days and then resumed again. All the symptoms above enumerated returned with doubled vigor. The patient's writing was incoherent. Shivering sensations crept over him. He became very sensitive to the cold. His heart fluttered though nothing excited him. Pulse became very slow. The annular ligaments about the wrists felt contracted.—*Hom. World*, April, 1884.

CONGENITAL DOUBLE PUPIL.—Dr. Beevor presented to the Ophthalmological Society of the United Kingdom a boy, aged nine, who presented a peculiar condition of the pupil of the left eye. The pupillary aperture was double, each aperture acting to light and during accommodation. Vision in this eye was defective. With the right the patient could read Sn. 1½, with the left Sn. 3.—*Med. Times and Gaz.*, Jan. 19th, 1884.

LIFE AT SEA MEDICALLY CONSIDERED.—It is customary with many physicians to recommend their patients, under certain circumstances, a sea voyage. Dr. A. Hughes Bennett thinks such advice is often inappropriately given. Fatal results have frequently followed the taking of invalids from the luxury of home and sending them on a voyage. It is generally supposed that a sailor *par excellence* is the type of good health. This, however, does not argue for the healthfulness of life on board ship, inasmuch as only sound and active men are permitted in the service. Of course the sailor breathes pure air, but, on the other hand, he sleeps in illy-ventilated compartments, his food is more or less faulty, and his exercise is limited. He is exposed to sudden changes of temperature and climate. That a life on board ship is suitable for invalids is, in the majority of cases, erroneous in theory as it is fatal in practice. Of course an individual indisposed from overwork and nervous excitement may be benefited by a yachting trip. But that any one suffering from chronic disease should make a ship his home for hygienic reasons appears, as a rule, to be most unsatisfactory. During the voyage the patient is liable to all kinds of exposure. In cold weather he cannot keep warm; in hot weather he cannot keep cool. In rough weather he cannot remain "above;" "below" he is miserable. He cannot exercise himself. Should he suffer a relapse, the means at hand for his relief are limited. His food is, of necessity, more abundant than delicate. Added to all this, there is a sort of monotony about life at sea.—*Med. Times and Gaz.*, Feb. 23d, 1884.

ON THE INFLUENCE OF THE AURICLES IN THE PRODUCTION OF CARDIAC SOUNDS AND MURMURS.—In the strictly normal state of the heart and the circulation, the contraction of the auricles is unattended by audible sound; but there are three pathological conditions in which the auricular contractions are directly or indirectly productive of a sound or murmur: 1st. When the surface of one or both auricles is roughened by lymph, we hear a presystolic brush or friction-sound. 2d. Dilatation with or without hypertrophy of one or both auricles is associated with audible auricular contraction and consequent doubling of the cardiac first sound. 3d. In cases of mitral constriction, a presystolic murmur and thrill result from the propulsion of blood through the constricted orifice by the contraction of the left auricle. The doubling of the cardiac first sound has been at-

tributed by Dr. Sibson and others to a want of synchronism in the contraction of the two ventricles. From this opinion Dr. George Johnson dissents. He shows that the theory proposed by Dr. Sibson does not explain all the clinical phenomena present in these cases. He believes that the true explanation of reduplication of the first sound is to be found in the fact that *the contraction of a dilated, and especially of an hypertrophied, auricle is productive of an audible sound, and that the first division of the double first sound is the result of the auricular systole.* In cases of chronic Bright's disease, the left auricle and ventricle are hypertrophied, and the contraction of the hypertrophied auricle is audible in the third left interspace immediately before the ventricular systole and sound. With advanced general emphysema of the lungs, there is almost constantly associated doubling of the first sound, which is heard best about mid-sternum. In some cases of co-existing emphysema of the lungs and chronic Bright's disease, both sides of the heart become simultaneously hypertrophied, and the reduplication of the first sound is heard over an extensive surface.—*Med. Times and Gaz.*, Jan. 5th, 1884.

SALICYLIC ACID IN THE TREATMENT OF THICKENED EPIDERMIS.—At a recent meeting of the Clinical Society of London, Dr. George Thin read a paper on cases of thickened epidermis treated by a salicylic gutta-percha plaster. Four cases were reported in which the thickened epidermis was situated on the palms of the hand and soles of the feet, and in all a successful result followed the treatment.—*London Lancet*, March, 1884.

PORRO OPERATIONS.—Fehling of Stuttgart performed his fifth Porro operation on January 26th in a case of rickety pelvis. Both mother and child are well. His five operations have given four recoveries, the same result as obtained by Porro.—*Medical News*, March 15th, 1884.

RECOVERY FROM PARTIAL DISLOCATION OF THE OCCIPITO-ATLANTOID ARTICULATION.—Dr. P. C. Cole reports the case of a young lady who sustained the above injury. Fortunately he succeeded in reducing the dislocation and complete recovery ensued.—*N. Y. Med. Rec.*, March 15th, 1884.

A NEW MODE OF OPERATING FOR LACERATED PERINÆUM.—Dr. A. H. Goelet offers the following suggestion respecting the prevention of lacerated perinæum: When the thighs are flexed on the abdomen, as in the usual obstetrical position, greater strain is put upon the perinæum as the surrounding integument is put upon the stretch, and conversely, when the thighs are extended, the surrounding integument is relaxed and with it the perinæum. If this position be maintained from the moment the head impinges forcibly against the perinæum until the whole of the fœtus is expelled, aided by well-directed traction backwards by means of two fingers hooked in the posterior commissure of the vulva, in the intervals between the pains, the great majority of lacerations will be prevented. The operation which he proposes for remedying the lacerations is the following: With a small, short needle introduce sutures of carbolized catgut on the vaginal surface at the termination of the vaginal rent, tying each suture in the vagina as it is introduced, and in this way stitch the torn vaginal edges together up to the point where this line meets the perineal edge of the wound. Then with interrupted sutures of silver wire, commencing at the bottom of the perinæal wound (making the sutures superficial only), stitch these surfaces together, carefully coapting the edges and closing the wound completely at the top.—*Medical News*, March 22d, 1884.


ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF HYDRASTIS CANADENSIS.—So far as Hydrastis has been satisfactorily proved, it has been shown to be an irritant of the mucous membrane of the nose, mouth and stomach, producing a condition similar to that ordinarily de-

scribed as catarrhal; and an irritant also of the skin, when an eruption is excited, not altogether unlike that produced by *Tartar emetic*. These conditions are expressed by such symptoms as the following: There is constant frontal headache of a pressive character. The eyelids are agglutinated; their mucous surface is congested; a profuse secretion of tears flows rapidly; coryza is frequent, a thick white mucus being discharged from the nostrils; a slight hacking rough-sounding cough is also present. The tongue is swollen and yellow furred, and has a broad yellow stripe on its surface, the edges being marked by the teeth; the mouth is sticky, with thick clammy mucus of a disagreeable taste. There is a constant dull, burning pain in the epigastric region, with a sense of faintness, a symptom frequently met with in the dyspepsia of women at the climacteric period. Pain still more decided and acute is referred to the right hypochondrium and to the umbilical and hypogastric regions. There is also some loud rumbling and the passage of fetid flatus. There is some diarrhoea, the stools being described as soft and mushy. One prover complained of loud roaring in the ears during the night. This symptom has suggested the use of *Hydrastis* in catarrhal deafness. The condition in which *Hydrastis* is the most useful is a low form of gastric catarrh, where the mucus poured out is excessive in quantity and unhealthy in character. The patient has a languid, weary look, with a dull, heavy, yellowish-white complexion; the tongue is large, flabby, and slimy-looking; underneath the yellow, sticky fur, the tongue is of a bluish-white color. The appetite is poor, and the power of digesting bread and vegetables is feeble, while the attempt to do so is followed by sour or putrid eructations. There is also some pain along the course of the large intestine, with rumbling of flatus and slight diarrhoea of soft and loose stools. There is nothing in the provings of *Hydrastis* which would lead one to believe that it would be useful in constipation, although it has been recommended for this condition by Bayes, Hughes, and others. Like the majority of medicines having a decided action on the mucous membranes, *Hydrastis* has an equally well-marked influence on the skin. Thus in the case of a lady, aged seventy-five, reported by Dr. Bayes, who took gtt. xx of the tincture by mistake, an erysipelatous rash appeared. Other cases have been reported in which the drug produced an eruption similar to that of variola. Much has been written, and opinions diametrically opposite have been expressed with the utmost confidence, on the value of *Hydrastis* in cancer. That it is homœopathic to cancer there is no evidence whatever. Its use is purely empirical, and, as is the case with all empirical remedies, it is impossible to say when it will prove useful and when of no avail. In ulceration of the extremities, *Hydrastis*, given internally and applied locally, has produced valuable results.—*Dr. A. C. Pope in the Hom. World*, March, 1884.

TREATMENT OF FRECKLES.—Dr. Shoemaker recommends the application of Oleate of copper for the removal of freckles. Care should be exercised that a pure sample of the drug is obtained.—*Therapeutic Gaz.*, March, 1884.

A MODIFICATION OF THE HEAT AND NITRIC ACID TEST FOR ALBUMEN.—One of the most serious objections to the heat and nitric acid test is the fact that if the acid be not added in sufficient quantity, we sometimes fail to get any change; and, on the other hand, if too much acid be added, it will dissolve small traces of albumen. Dr. Walter S. Haines suggests, that in applying the nitric acid the test-tube be inclined quite obliquely, which thus allows the acid to flow down the side of the tube and through the urine to the bottom, leaving behind the urine acidified in increasing intensity, each layer from the surface to the bottom. Some of these strata will be found of exactly the proper acidity to give the albuminous reaction.—*Journ. Amer. Med. Association*.

News, Etc.

 News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.

PROF. B. F. BETTS, M.D., of Philadelphia, sailed for Europe April 24th, to revisit the principal hospitals. He will return in August.

THE TWENTIETH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will be held in Cleveland, May 13th and 14th, 1884. There will be transacted much business of importance to all.

REMOVALS, etc.—Dr. Richard C. Allen has removed from 32 E. Orthodox St. to 4519 Frankford ave., Frankford, Phila.

Dr. Wm. B. Van Lennep has located at 406 S. Broad St., Philadelphia.

DR. RICHARD HUGHES, of Brighton, England, sailed in the steamer Adriatic, April 29th, for the United States,—to be present at the forthcoming meeting of the American Institute of Homœopathy. His American brethren will be proud to welcome him.

THE NEW ORLEANS HOMŒOPATHIC PHARMACY of Messrs. Boericke & Tafel has been disposed of by that firm to Mr. T. Engelbach, who has been connected with the establishment for the last fifteen years, and who expects to sustain the high reputation which the pharmacy has already required.

THE FIFTH ANNUAL MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will be held on Friday and Saturday, June 13th and 14th, 1884, in Washington, D. C., at the parlors of Dr. C. Pearson, No. 611 Twelfth Street, Northwest, commencing at 10 o'clock A.M., Friday.

GEO. F. FOOTE, M.D., President.

JNO. C. BUDLONG, M.D., of Providence, R. I., has just been elected by the Legislature, Surgeon General of the State Militia for the third time. The term of service under each commission is five years. Upon this occasion; as at the previous election, there was no opposition.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.—The twenty-first annual commencement of this institution was held at Association Hall on Tuesday evening, April 1st, 1884. The following ladies graduated; Mrs. Lizzie C. Blair, Miss Mary A. Dale, Miss Sarah C. Martineau, Mrs. Mary E. Partridge, Miss Mary E. Grady, Mrs. Mara S. Fredericks, Miss May Whitaker, Miss Eliza J. E. Hays.

ALBANY CITY HOMŒOPATHIC HOSPITAL AND DISPENSARY.—Whole number of patients treated during the quarter ending March 31st, 1884, 58; discharged cured 13; improved 5; not improved 2; confinement cases 5; discharged for inebriety 2; transferred to Middletown Asylum 1; deaths 6. Causes of death: Phthisis pulmonalis 3; gastric cancer 1; surgical kidney 1; typhoid pneumonia 1. Number remaining at the end of the quarter 20. Dispensary: prescriptions 288, teeth extracted 131, surgical cases 13.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.—At the annual meeting of this association of homœopathic physicians, held April 10th, the following officers were elected: President, S. M. Angell, M.D.; Vice President, W. Bailey, Jr., M.D.; Recording Secretary, F. Engelbach, Esq.; Corresponding Secretary, C. J. Lopez, M.D.; Treasurer, Chr. Sanders, M.D.

It was resolved at the same meeting to organize an academy or institute of all homœopathic physicians in the South, the same as exists in the North

and West. A meeting for this purpose will be held in New Orleans some time next winter, and a large attendance is expected.

THAT "EXCLUSIVE DOGMA."—At the first meeting of the Ohio State Sanitary Association, in the discussion of the Scott Bill, a Dr. Reed said that perhaps "the disciples of one school would, if on the board, be compelled to sign certificates of applicants belonging to the other school." He suggested that "when a new-school man appeared for examination, his certificate, if he passed, should be signed by new-school men alone." Dr. Beckwith, of Cleveland, replied to this, saying that he was not afraid to stand the examinations of any board, and deprecated such narrow exclusiveness. He was enthusiastically applauded.

HAHNEMANN'S BIRTHDAY IN IOWA.—The Central Homœopathic Medical Association of Iowa, reinforced by the wives of many of its members and by a number of the prominent citizens of Cedar Rapids and Marion and their wives, pleasantly celebrated the 129th anniversary of Hahnemann's birthday (April 10th) at the Southern hotel in Cedar Rapids. Dr. D. R. Hindman of Marion presided. Dr. C. H. Cogswell of Cedar Rapids delivered a forcible address on "The Life and Legacy of Hahnemann." Dr. G. E. Cogswell of Cedar Rapids described and commented upon "The Influence of Homœopathy upon Medical Practice," and Dr. Hindman gave a "History of Homœopathy in Linn County," showing that there are now no less than ten Regular Homœopathic physicians now engaged in practice in the county. Then followed a banquet, at which Professor Cowperthwait officiated as Toastmaster; the sentiments being responded to by Prof. Gist of Coe college, Dr. J. W. Tiffany of Centre Point, Hon. J. B. Young of Marion, Rev. J. Adam of Cedar Rapids, Dr. F. McClelland, Mr. Johnson Brigham, editor of the Cedar Rapids *Republican*, and by Prof. Cowperthwait, the Dean of the Homœopathic Department of Iowa University.

OPENING OF THE PITTSBURGH HOMŒOPATHIC HOSPITAL.—A large attendance of corporators, contributors, trustees, members of the Ladies' Association, and others interested in the rise and progress of the Homœopathic Hospital of Pittsburgh, Pa., gathered in the chapel of that institution on the afternoon of April 12th, to celebrate the formal opening of the new structure. In the absence of the President, Mr. W. H. Barnes, Mr. William Metcalf called the meeting together, and appointed Mr. A. H. Childs secretary. After prayer by Rev. William McKibbin, the Building Committee, through its Chairman, Dr. J. F. Cooper, reported the cost of general construction as \$112,752.57, and \$35,000 additional for steam-heating, plumbing, hardware, glass, etc. The architect certified to the completion of the work according to contract, whereupon the Chairman of the Building Committee handed the key over to the President, who received it in a speech, and transferred it to Dr. James H. McClelland, the Chairman of the Executive Committee. A brief speech on the part of Dr. McClelland completed this part of the programme.

Dr. J. H. McClelland read the eighteenth annual report of his committee. From this report it is learned that the ground, acquired at various times, cost \$55,000, of which \$20,000 remains to be paid. The new building cost \$150,156.04. The furnishment will cost about \$12,000, and there is yet paving and fencing to be done, which will cost \$1500, making \$163,656.93. The purchase of additional property, payment of this lien, and cost of building and furnishing the new hospital, thus foots up \$203,769.93. There has been raised from various sources to this end \$130,000, with subscriptions and other amounts payable, amounting to \$30,000. This will leave some \$44,000 on the building contract, and with \$8000 temporary loan, makes a total of \$52,000 immediately necessary to meet pressing demands. This amount must be had from some source at once. Attention is called to the

fact that \$25,000 of the above assets is a subscription conditioned upon the raising of a like amount, and the friends of the institution are asked to come to the rescue.

Mrs. Mary McCandless, Secretary of the Woman's Association, reported the proceeds of the House-warming \$28,000, and \$868 collected by managers. Mrs. Emma V. Adams, Treasurer of the same Association, reports receipts up to March 31st ult., \$26,376.48; expenditures, \$26,376.48; balance, \$566.11. Mrs. William Metcalf and Mrs. R. S. Hayes were added to the list of life trustees on account of \$1000 contributions.

The following trustees were elected for 1884: H. W. Oliver, Jr., Joseph D. Weeks, G. W. Backofen, S. Hamilton, A. H. Childs, J. C. Burgher, O. Metcalf, J. H. McClelland. The following were elected to fill vacancies: G. S. Griscom and W. R. Jones. The board elected Mr. Metcalf, President; M. K. Moorhead and William A. Herron, Vice-Presidents; J. D. Weeks, Secretary; Frank Semple, Treasurer.

The proceedings closed with an eloquent address and dedicatory prayer by the Rev. W. R. McKay, after which resolutions of thanks to the ladies were unanimously adopted.

THE BIRTHDAY OF HAHNEMANN.—The Hahnemann Club of Philadelphia held its annual reunion on the evening of April 10th, at the residence of Dr. B. W. James, the president of the Club.

Dr. James, in welcoming the members of the Club and their friends, referred to the appropriateness of holding such a meeting upon the anniversary of Hahnemann's birthday. He then passed in rapid review, the progress of the various homœopathic organizations in the city and State, and commended the activity with which the study of sanitary science was being pursued. Next he reviewed the present aspect of the bacillus question, showing that the presence of the parasites is now generally admitted in all cases of consumption, but that considerable doubt is entertained concerning their agency as *causes* of the disease. He quoted extensively from Formad, who holds that the bacillus is one of the causes, though not the primary cause of tuberculous change, but that it is unwise to pronounce consumption a contagious disease without further investigation. Dr. Gradle was quoted, *per contra*, in support of the theory that tuberculosis is a specific infection, on the ground that inoculation with the isolated parasites invariably produced the disease. Koch's latest researches were referred to, especially in connection with the bacilli found in the bowels of cholera patients in Calcutta. The comma-like bacilli were found in all the cases examined, from which the conclusion is drawn that this kind of bacterium uniformly occurs in the cholera bowel. Other cadavers were examined in the same way, in none of which the cholera bacilli were present. Cholera is therefore, says Koch, caused by these bacteria. No cholera bacilli are met with in the stomach, the bowel containing them in varying numbers.

When the linen of cholera patients, which has been soiled by dejections, has been kept for twenty-four hours in a moist state, these cholera bacilli are noticed multiplying at an enormous rate. They die off after drying. Koch asserts that they will only grow in alkaline cultivation fluids. The way in which the infective matter of cholera is produced, he is as yet undecided, but the fact of its production he considers beyond dispute.

Dr. James spoke of the theories of Baumgarten, Marchant and others, that not only tuberculosis, but even the predisposition to tuberculosis, is to be explained by the susceptibility of an individual to bacilli; and of the opposition to this theory by Formad for biological reasons. Formad's view is perhaps that of the majority, viz: that Tuberculosis, without predispositions, is due to inflammation of the serous membranes.

Prof. Sormani says that the bacillus is found in the centres of the tubercles in their earliest stage of formation, and hence is the *cause*, and not the

effect of the morbid process. Dr. Friedländer's researches, in regard to pneumonia, were also quoted. Attempts to produce the disease in animals by injecting the cultivation through the thoracic wall into the pleura and lung, and by inhalation, met with failure when tried on rabbits, but with success when tried on rats.

In conclusion, Dr. James said that, though the ultimate results of this scientific battle were not yet decided, yet good fruits had already been rendered, and rich rewards were discernible in regard to the increased pathological knowledge of the origin and causes of both contagious and non-contagious diseases.

Dr. Aug. Korndorfer then read the third of his series of papers on the "Organon." (This paper will be published in a future number of this journal.) Dr. Farrington read the last paper, on the "Lymph Spaces in the Brain." A discussion then ensued in which many of the guests present by invitation participated.

Besides the members of the club, there were present the following physicians as invited guests: Drs. Wm. H. Bigler, M. S. Williamson, A. C. Rembaugh, Clarence Bartlett, Daniel Karsner, A. R. Thomas, C. M. Thomas, J. P. Iliff, J. Herbert Reading, Jos. C. Guernsey, E. Boylston Jackson, John Malin, W. F. Berkenstock, J. K. Lee, H. Noah Martin, E. M. Howard, R. C. Allen, W. C. Goodno, T. S. Dunning.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The thirty-sixth annual commencement of the Hahnemann Medical College of Philadelphia took place at the Academy of Music on Wednesday, April 2d, 1884. Notwithstanding the somewhat unpropitious weather, the immense auditorium was well filled by the friends of the graduates and of the College.

The stage had been richly decorated with flowering plants and ferns. At 11 o'clock the auditorium presented a beautiful appearance. The exercises began with a musical prelude by Hassler's Orchestra, led by Mr. Mark Hassler; after which the Trustees, Advisory Board, invited guests, Faculty, and graduating class entered and took their appropriate places upon and near the stage. Among the guests present upon the stage were a large number of the most eminent physicians of Philadelphia and its vicinity.

The Invocation was offered by Rev. E. C. Sweetzer, D.D., of the Universalist Church of the Messiah; and the Valedictory on behalf of the Faculty was delivered by Professor Charles Mohr, M.D., of the Chair of Clinical Medicine. The degree of Doctor of Medicine and the degree of Doctor of Homœopathic Medicine were then conferred by the President of the College, William McGeorge, Jr., Esq., upon the following gentlemen:

Francis M. Bishop,	Newark Valley, N. Y.
William F. Berkenstock,	Philadelphia, Pa.
William J. Burleigh, M.D.,	St. Louis, Mo.
Charles B. Constable, M.D.,	Baltimore, Md.
John W. Cooper, Jr.,	Whitneysburg, Del.
Charles A. Davis, M.D.,	Washington, D. C.
Frederick A. Davis,	Ellsworth, Maine.
Thomas S. Davis,	Wilmington, Del.
Thomas E. Deacon,	Mt. Holly, N. J.
Thomas N. Drake,	Ellsworth, Maine.
Walter S. Graham,	Philadelphia, Pa.
George W. Harman,	Hagerstown, Md.
Alfred C. Heritage,	Philadelphia, Pa.
James I. Hoverder,	Pitman, Pa.
William S. Howe, M.D.,	Pittsfield, Maine.
Morris Hughes,	Kennett Square, Pa.
Erastus C. Hyde,	Philadelphia, Pa.
Thomas C. Imes,	Philadelphia, Pa.

Horace E. James,	Philadelphia, Pa.
Halton I. Jessup,	Philadelphia, Pa.
Henry E. Jewell,	Corinth, Vt.
William B. P. Jones,	Petersburg, Va.
William D. King,	Pittsburgh, Pa.
John R. Lefevre,	Harrisburg, Pa.
William E. Locke,	Corinth, Vt.
Robert W. McClelland, B.S.,	Pittsburgh, Pa.
Walter G. MacMahon,	Philadelphia, Pa.
Edward W. Mercer,	Kennett Square, Pa.
Charles E. Milson,	Catasauqua, Pa.
Thomas C. Moore,	Moorton, Del.
J. Reed Osman,	Philadelphia, Pa.
Hibberd S. Phillips, A.M.,	Cannonsburg, Pa.
Edward W. Read,	Pulaski, N. Y.
Edward R. Snader,	Lancaster, Pa.
K. Ellwood Steckel,	Kutztown, Pa.
Hiram M. Stokes,	Berlin, Md.
Paul B. Waldman,	San Jose, Cal.
Charles W. Weaver,	Glenville, Pa.
George D. Woodward,	Camden, N. J.
Joseph E. Wright,	Fox Chase, Pa.
James M. Yeagley,	Lancaster, Pa.

Of these there were from: Pennsylvania, 23; Delaware, 3; Maine, 3; Maryland, 2; New Jersey, 2; New York, 2; Vermont, 2; California, 1; District of Columbia, 1; Missouri, 1; Virginia, 1. Total, 41.

In the course of his address, Professor Mohr called professional and public notice to the fact, that this college was the first in this country to propose and establish "a graded course of medical study, extending over a period of three years" This was in 1869. Harvard followed in 1871, and the University of Pennsylvania in 1877. Since that time the college has been among the foremost in the work of extending and improving the course of study, while in the establishment and management of *practical courses*, this institution has, more than once, been in advance of all others. He very forcibly urged upon the college alumni the fact, that thus, and in numerous other ways, and particularly by her high standard of graduation, Hahnemann College had shown herself eminently worthy of the filial affection, the warm sympathy, and the substantial encouragement and support of all her alumni, always and everywhere. He suggested that this encouragement and support could now be extended in practical ways by contributions made personally, or solicited from laymen, to the fund now being raised for the General Hospital about to be erected in connection with the new college buildings.

HOMŒOPATHY AND ALLOPATHY AGAIN TESTED IN THE DENVER (COLORADO) HOSPITAL AND ALMSHOUSE.—We published a year or more ago a tabulated statement showing the comparative results of homœopathic and allopathic treatment in the hospital, almshouse, and jail of Arapahoe County, Colorado, the county in which Denver is located. During the hospital year just closed, these institutions have again been under the medical management of a homœopathic physician, Dr. Ambrose S. Everett. On April 8th, Dr. Everett filed with the county commissioners, the following annual report:

TO THE HONORABLE THE BOARD OF COUNTY COMMISSIONERS OF ARAPAHOE COUNTY.

GENTLEMEN: I have the honor herewith to submit the following report of the medical department of Arapahoe County for the year ending March

31st, 1884, and have compared the same with the year ending March 31st, 1883, when the management was in allopathic hands:

	Homœopathic. 1883.	Allopathic. 1882.
Food, clothing, employés, nursing, medical services and medical supplies for Hospital and poor-house, medicines and medical services for jail and outside poor,	\$17,046 01	\$20,198 78
Total number of patients treated in hospital, poor-house, jail and outside,	1,764	1,584
Cost per patient,	\$ 9 66	\$12 75
Saving to county per patient,	3 09	
Total saving to county for the year,	5,450 76	
	1884.	1883.
Total number of deaths in hospital,	43	79
Total number of deaths outside,	9	No report.
Total deaths,	52	

I desire to call the attention of your honorable board especially to several facts which this comparative report demonstrates.

First. That the money actually paid out by the board for the management of the medical department of Arapahoe County, for the year ending March 31st, 1883, exceeded that paid out for the year ending March 31st, 1884, by the sum of \$2375.62.

Second. That the money collected from patients for medicines, medical services, maintenance, etc., and turned into the county treasury during the year ending March 31st, 1884, exceeded that collected from the same sources and turned into the county treasury during the year ending March 31st, 1883, by the sum of \$777.19.

Third. That during the year ending March 31st, 1884, the county cared for 180 more patients than during the year ending March 31st, 1883.

Fourth. That during the year ending March 31st, 1884, as compared with the year ending March 31st, 1883, the county saved on each patient treated the sum of \$3.09, and that the total saving to the county was \$5450.76.

Fifth. That the deaths in the Hospital during the year ending March 31st, 1883, exceeded those during the year ending March 31st, 1884, by the number of 37, and this, too, in the face of the fact that the allopathic school of medicine was boasting that during their year the county was enjoying the services of the combined talent of the Denver Medical College.

Sixth. That the management for the year ending March 31st, 1883, did not report their outside deaths.

Seventh. That the death-rate of the Hospital for the year ending March 31st, 1884, as compared with that ending March 31st, 1883, was reduced about 33½ per cent.

Eighth. That the death-rate of the county for the year ending March 31st, 1884, was reduced nearly 50 per cent., figuring on a basis of the total number treated in the Hospital, Poor-house, jail and outside, and upon the supposition that during the year ending March 31st, 1883, there were no outside deaths. If they had any outside deaths, which they probably did, this reduction would be further increased.

Ninth. The management of the Medical Department of the County for the year ending March 31st, 1883, treated in the Hospital 877 patients, and

out of this number had 79 deaths; the supposition then, that it treated 495 out-patients without a single death, is, to say the least, preposterous. If they did not, then it is a great pity that the 877 Hospital patients were not out-patients. Every one knows, who has had the least experience in the treatment of the outside sick of the county poor, that those who come under their care live, for the most part, in the alleys and by-ways of the city, in dirty and ill-ventilated houses; while those who go to the Hospital have the advantage of clean beds, clean and well ventilated apartments, good nursing and food adapted to their condition and wants, so that the mortality in the Hospital should be less than among the outside poor.

Tenth. That the management of the medical department of the county for the year ending March 31st, 1883, did not record the name of a single outside patient, and there is not the scratch of a pen in the records of the county to verify their claim as to having treated 495 out-patients. The only mention they make of the number of outside patients treated is in numerals in the monthly summary or recapitulation.

Eleventh. I have not made this comparative report, or the remarks that accompany it, from any personal animosity to any member of the old school, nor to say one word against the skill or ability of the allopathic physicians who conducted the medical affairs of the county during the year ending March 31st, 1883. In fact, I regard them as among the ablest representatives of their school of medicine in the city. Ever since I have been in the State, the county, when employing the old school to manage its medical affairs, has engaged none but its ablest representatives. My only object in making this report is to show that it does not lie within the allopathic system of medicine to conduct a hospital as economically or with as great a saving to human life as it can be conducted under the homœopathic system of medicine.

I desire to thank the Board for the courtesy you have always shown me, and for the assistance you have rendered me in keeping the expenses of the medical department of the county down. My remembrance of you and of our official relation will always be a pleasant and a grateful one.

I desire also to return my thanks to Mrs. St. George, the able matron of the hospital and poor-house, through whose coöperation I have been able to save so much to the county, and make such an excellent record for my school of medicine.

To Dr. E. G. Freyermuth, the resident physician and my able assistant, I also extend my grateful acknowledgment for his patient industry and conscientious devotion to his official duties.

Yours truly,

AMBROSE S. EVERETT, M.D.,

County Physician of the year ending March 31st, 1884.

When the subject of appointing a county physician for the year ensuing came before the County Commissioners, they, as usual, advertised for proposals for furnishing "medical attendance, medical and surgical supplies and appliances at the County Poor-house, County Jail, and for the outside poor, for one year from April 1st, 1884." In reply to this advertisement bids were received as follows:

From Dr. A. S. Everett,	\$3600 00
From Dr. George W. Cox,	3000 00
From Dr. J. B. Cory,	3600 00
From Dr. John Elsner,	3000 00
From Dr. S. A. Bonesteel,	2700 00

Dr. Bonesteel was well indorsed by citizens of Columbus, Neb., his former home.

After the reading of the bids, Dr. Steele came forward and stated that

the school of medicine to which he belonged (old school) were supporting Dr. Cox. He also asked permission to file a petition, which was granted. This petition also has attached a large number of names of prominent taxpayers.

TO THE HONORABLE BOARD OF COUNTY COMMISSIONERS OF ARAPAHOE COUNTY, STATE OF COLORADO.

GENTLEMEN: Your petitioners, citizens and tax-payers, would respectfully request you to assist in building up and maintaining the medical department of the University of Denver, an institution worthy of our support and confidence, by appointing a competent physician to the County Hospital, who is recommended by, and is in sympathy with said Medical College, and we will ever pray.

DENVER, March 14th, 1884.

Mr. Kuner moved to retain the present management, and, in making the motion, stated that the board should let well enough alone. The board had experienced considerable trouble in the past, and, after a long trial, the best had been taken at the last. The bid is a little higher, but the board should consider that Dr. Everett has made a better report. During Dr. Everett's administration they had been in no trouble, and hence he was willing to retain the present management.

Mr. Brown seconded the motion, heartily indorsing the statement of Mr. Kuner.

Mr. Aggers moved an amendment, that Dr. George W. Cox be elected to the position of County Physician. He said that Dr. Cox's bid was \$600 less than Dr. Everett's, and because the old school had conducted the hospital with a poor management in the past, it did not necessarily indicate that it would always be so. He considered both the parties in question good physicians, but thought it best to give the position to the lower bidder.

Mr. Scherrer seconded the amendment.

A running discussion then followed, in which Mr. Aggers pressed the claims of Dr. Cox, seconded by Mr. Scherrer. Messrs. Kuner and Brown referred to the old hospital troubles and the numerous investigations under the former managements, and they thought it was worth \$600 more to give it to Dr. Everett and have peace. They also urged the excellent record made by Dr. Everett. The amendment being put, Messrs. Aggers and Scherrer voted aye, and Messrs. Brown and Kuner nay.

The vote being a tie, Chairman Bates was compelled to cast the deciding vote. Before doing so, he said that a year ago he had at first favored the old school, but changed his mind and voted for Dr. Everett, and never had cause to regret it. He was proud of the record made by Dr. Everett, but in the present instance, where two responsible physicians were being considered, he felt it his duty to vote for the lower bidder, and then cast his vote for the amendment which threw the deciding vote in favor of Dr. Cox.

MARRIED.—CLOW—HOBBS.—In San José, Cal., March 27th, by the Rev. Dr. S. P. Sprecher of San Francisco, Dr. J. B. Clow (Hahnemann '82) and Miss Eva C. Hobbs, all of San José.

DUNHAM—DOWS.—On Wednesday, April 2d, 1884, at the residence of the bride's parents, Carroll Dunham, Jr., M.D., and Miss Margaret W. Dows, daughter of Mr. David Dows of New York.

GRAMM—KENNEDY.—At Bethesda Presbyterian Church, Phila., on the evening of April 17th, 1884, by Rev. W. T. Eva, D.D., Theo. J. Gramm, M.D., to Miss Annie Kennedy, daughter of Mr. A. D. Kennedy.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.

SANITARY GLEANINGS.

BY

BUSHROD W. JAMES, A.M.

Philadelphia, May, 1884.

Editorial.

HYGIENE OF SCHOOLS.—The disturbance, which the closing of the Camac public schoolhouse caused in this city, leads us to make a few remarks upon this subject, and upon the hygiene of schools in general. In the first place, the Board of Health was emphatically right in the course of action it pursued in closing the school until the sink was cleansed and disinfected. The open cesspool filled the schoolhouse with nauseous odors; there was only 100 cubic feet of air to each pupil in the rooms; the ventilation was wretched; chloride of lime had to be sprinkled in the rooms to mitigate the evil; and yet the educational board were up in arms against the wise and prompt action of the health authorities, and assumed the air of martyrs! They claim that the school privies are cleaned out now and then; but cleaning out these wells will not prevent the nauseous smells which they emit. What is needed are water-closets, thoroughly ventilated and properly drained. The other excuse offered by the Board of Education (viz., that the health of the children was good) is specious rather than forcible. There may have been no active cases of disease; but the children, who attend all such schools, are storing up the germs of future ill health, which enfeebles the constitution, and will make them old before their time, and which, we believe, will prevent them from accomplishing the aims which their school-training is supposed to furnish them.

At the same time, "unintelligent zeal" only hinders the

good cause of reform. Such, for instance, as one case, occurring lately in an English school-centre, where a boy was said to have died of brain fever, the exciting cause of which it was claimed was school-work. It was found, on careful inquiry, that the charge was unjust, and that the school-study was in no way responsible for his demise. We hold that all complaints should be carefully examined before indiscriminate attacks upon the authorities are made.

It is a startling fact that the real sanitary condition of most of our schools, as to ventilation and pure air supply, is shocking. What is the use of going into details, when to summarize all their faults would be simply a category of almost *all* the crimes done to hygiene? Several of the most fundamental of the laws bearing on the subject are here submitted, and schools are perfect or imperfect just so far as they conform to, or disagree with such laws.

The parallelogram is the best shape for the schoolroom. The depth of the room should bear the ratio of 3 to 2 to the height of the window. Light should come in from the left side, and from a high point.

Closets for clothing should be built in a well-ventilated hall, outside the schoolroom. The exhalations, given off from damp clothing in a close room, are detrimental to health.

Steam-heating, with outdoor air-supply for heating, is far preferable to stoves, which heat only a portion of the room, and that uncomfortably. The air-contents of the room must be frequently changed or constantly undergoing dilution by ingress of pure air. There should be about 15 square feet of floor-space to each pupil.

The water-closets and urinals should be of the most approved pattern, and should be in a detached building, well-ventilated and drained. Good ventilation sometimes demands the burning of considerable fuel. The school officials are much to blame if they neglect these precautions.

In regard to vision and imperfect lighting of schoolrooms serious inattention often exists also. Dr. F. Park Lewis, of Buffalo, thus reports the lighting of a school in that city. We commend it as a model. "A wide hall traverses the building on either side from front to rear, while by another passing through the centre of the building these are united. From the latter are the entrances to the rooms for recitation and study. There are no windows on the inner side of the former walls, and in every room the light comes from the large windows back of the children. The corner rooms alone are lighted on two

sides, and in these, as in all of the others, inner blinds allow a modification of the light. The walls have been lightly tinted with blue, cream, or green, and the reflection is far more restful than the glaring disagreeable white found in most buildings."

We shall have something more to say on this most important topic in the near future.

SANITARY PROGRESS.—To continue our observations on sanitary progress. We are aware that these matters are not advancing in this country rapidly enough. The government does not give the support to hygiene that it deserves. In Germany and France, the investigation into the *causes* of disease is liberally encouraged by national stipends. We are taking no part in this all-important work. We, as a nation, have no Pasteur or Koch, working at the *expense of the government*, searching into the deeply hidden mysteries which affect the *government*. It is no more than the due of scientists, that they should be protected by all necessary means, in their work for common humanity. "The workman is worthy of his hire." Our National American Public Health Association is a most excellent institution, numbering, as it does, among its active membership, the best-known sanitarians in the country; but its work is crippled by a narrow-minded congressional policy, with an overflowing treasury, which is not opened to science as it should be, but which is opened to less worthy objects, as it should not be. The ideal state of *national sanitation* will be reached when the government and the American Public Health Association will move as a unit towards a single goal, and that *the greatest measure of health for all the people*.

Although the Boards of Health are actively engaged in prosecuting adulterators, the State, in some instances, through the influence of politicians, has checked the progress of this laudable work. The New York senate not long since passed a bill authorizing the sale of skimmed milk, which proved a serious drawback to the efforts of the State Board. Our engines, it may thus be seen, are not yet in full working order; but the advance of sanitary science will in due time *compel* representatives to do the will of the people whom they represent, and in whose service they should act.

Again, the mass of physicians do not take a sufficient interest in sanitary science. They are too apt to rely upon their power to *cure*, to the exclusion of their power to *prevent*. They have on their shelves, perhaps, a couple of "standard" text-

books on hygiene, such as Parkes or Buck, on which they rely, forgetting that the science is ever-advancing, and that a practical acquaintance with *present defects* and *present needs* is necessary, rather than a merely rudimentary knowledge.

Although it may raise a smile to say so, the physician who cannot tell a householder that he has a defective drain or a bad closet, is, in these latter days, unfit to practice general medicine. The Emperor of China, it is said, pays his physicians to keep him well; if he is taken sick, the stipends are stopped. He is rarely taken sick. The art of healing should include the art of preventing; and sanitary science is the means of accomplishing this latter object.

And lastly, the *people* must be taught the truths, the axioms, of sanitation. They must be taught the practical results which flow from cleanliness, and those which flow from filth. The laity must do the most of this,—even the churches and all the various secular and religious organizations which work among the poor. We do not in this country accomplish as much of this as they do in the English cities,—not, by far, as much as we should. It must be taught them in simple, plain, practical words. We must remedy defects as best we can, without incurring much expense, but most of all, there must be impressed upon landlords the necessity of providing healthy homes,—with plenty of ventilation, and with well-arranged drainage. If the financial advantage of erecting properly built houses is pressed upon the attention of builders and landlords, they will not be slow to acknowledge the fact, and purchasers and lessors have much of this in their own hands and should act in its accomplishment.

Notes.

A BOSTON PLUMBING LAW.—Efforts are being made to transfer the enforcement of the Boston plumbing law from the Building Department to the Board of Health. All things being equal, we think that the Health Board is the proper authority in the matter.

CONCERNING CANNED GOODS.—A bill has been introduced into the New York Legislature to compel the stamping of the date upon each can. We cannot see how this will insure the safety of the consumer; although, if it does, let the bill go through at once.

A CENSUS of a Boarding-school of forty-eight girls, showed that one could make bread, one knew how to fry oysters, three knew how to broil beefsteak, forty-eight could embroider, and forty-seven dance.

REMARKABLY FINE BOARD.—Sawdust.

THE INTERNATIONAL HEALTH EXHIBITION, which opens this month in London, promises to be a grand affair. The special subjects selected for illustration, are: food, dress, the dwelling, the school, and the workshop, as affecting health. All the prominent sanitarians in England are represented on the various committees.

CREMATION IN ENGLAND.—The British correspondent of the *Sanitary Engineer* says: "Cremation, as a mode of disposing of the bodies of the dead, is making some headway with us. The cremation society have just purchased at Woking, in Surrey, a large site on which they have erected a building fitted up with all the most approved apparatus for effecting cremation. From experiments which have been made, the machinery has been found to work well, and to occasion no nuisance of any kind."

CONNECTICUT! RIGHT!!—The legislature of this State has passed the following bill:

"Any person who shall sell, or offer to sell, for family or hotel use, any ice cut or taken from a pond or lake into which any sewer empties, or from such part of any river or other stream as is below and within two miles of the outlet of any sewer entering the same, shall be fined fifty dollars for each offence."

PLUMBERS IN ENGLAND, it is hoped, will soon be registered, as they are now in some American cities. Great efforts are being made to accomplish that end.

IN SOME OF THE ENGLISH CITIES weekly lectures on hygiene are delivered to women only. Let us have something of the sort here.

BREAD MADE WITH SEA-WATER is recommended as a sanitary help against disorders resulting from insufficient nourishment. The water should stand for twelve hours before using.

HOT WATER is now the cure-all for dyspepsia. Some wit thinks that he has discovered in this the reason why married men are seldom troubled with that complaint.

CREMATION IN NEW ORLEANS.—A cremation society has been organized in New Orleans, embracing some forty members. Such a system is emphatically needed in the Crescent City.

THERE are many educated conscientious sanitary plumbers ; only hunt them up and employ such.

HOUSEHOLDERS ARE TOO APT to insure their own sanitary safety and leave that of their servants to take care of itself. Some homes are perfectly arranged in bath and bed-rooms, while the kitchens are neglected. The cook must lean over her sink : that sink must be properly built. Why should you be so selfish as to refuse to your servants the privileges with which you surround yourself ? And remember that sewer-gas coming through the fixtures of the kitchen invariably penetrates into other portions of the house or right into your cooking food, and so "your sin," which in this case is one of omission, "finds you out."

THAT is an elegant bath-room of yours. Have you furnished your child's nurse and domestics with good bathing facilities, and do you enforce cleanliness among them ?

THE IDEAL STATE OF THOROUGH SANITATION will be reached when every defect will be treated as a *nuisance* and punished by law.

NEVER EMPLOY A PLUMBER who is only a *hand-worker*, and who is not also, what Mr. Hellyer terms a *head-worker*, as well. The man who is not equally both is either wooden-headed or a crank, and is to be severely let alone by all who wish healthy homes.

A RECENT case of poisoning from eating canned tomatoes leads to the belief that, in the soldering, some of the metal made its escape into and among the juices of the vegetable. Why are not all these goods bottled instead of being canned ?

OUR UNIVERSITIES are about taking up the study of hygiene. At Columbia College, New York, lectures by an eminent sanitarian are now being delivered to the students.

A MAN carrying a looking-glass said to a boy : "Come here, and look into this glass, and you will see a monkey." "Ah, indeed ;" said the boy, "glad you discovered it."

"THE HOUSING OF THE POOR" in healthy homes is the great burning question now before the attention of English sanitarians. The journals teem with practical and useful hints on the subject.

CEMETERY DRAINAGE.—The *Sanitary News* has the following: "From a paper read before a sanitary meeting at Hamburg, by Dr. Hirsch, the following conclusions are drawn: There are no objections to cemeteries well drained, and provided with vaults constructed on the cell system; that subsoil drainage may keep the level of the water below the level of the graves; and that with these precautions the air of cemeteries will not be different from other ground-air. There may be a possibility of preventing the pollution of the ground-water, as Dr. Hirsch suggests, but the probability is not great that it would be entirely successful. During rains the ground becomes saturated with water over as well as between the graves, and this water is very likely to be contaminated."

THE PHILADELPHIA PLUMBING SCHOOL.—The trade-school, under the auspices of the Master Plumbers' Association of this city, has at last been put under way, and at the time of its opening had twenty-four pupils enrolled on its lists. The school, as Mr. Worthington said at the inauguration address, teaches the boy, and the man, too, not only to work with his hands but with his head also. If this scheme is carried on with practical vigor, we prophesy that the increased healthiness of Philadelphia, a few years hence, will show the benefit of such an undertaking, and that the diminished death-rate will bear strong evidence of its success.

SANITARY WOOLLEN CLOTHING.—The attention of physicians is being drawn to the "Sanitary Woollen Clothing" invented by Dr. Jaeger, of Stuttgart, and now being extensively manufactured in London. The "clothing" embraces underwear, outer garments, and even bed-clothing, every article of which the inventor claims should be made of the purest wool. Boots, and lace for trimmings,—the two extremes of dress,—are to be made of this same stuff; and a certain inspector, who has examined samples of these, says that they are of pure wool and of a most silky texture. An even warmth will not only be given to the body by these woollen goods, but the weight of the clothing will be materially lessened. The underclothing is now extensively worn, and meets with universal approbation.

A GOOD SUGGESTION.—Dr. Pray, of Dover, New Hampshire, advises that there should be a general vaccine agent, whose duty should be to provide pure vaccine matter at all times.

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ON THE REVISION OF THE MATERIA MEDICA.

BY ALFRED C. POPE, M.D., LATE PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY,
AND LECTURER ON MATERIA MEDICA AT THE LONDON SCHOOL OF HOMŒOPATHY.

(Read at a meeting of the British Homœopathic Society, April 3, 1884.)

WITH DISCUSSION.

To the physician practicing homœopathically, the study of the effects of drugs upon the healthy human being is one of supreme importance. He does not, as some have told us that they do, regard such substances as mere "aids to faith in the weary time." On the contrary, it is upon the influence which, through them, he is able to exert upon the diseased organism, that he chiefly depends for the success of his efforts to restore health.

He does not, indeed, make light of the therapeutic value of suitable diet, careful nursing, appropriate hygienic influences or any other means within his reach, whereby he may control the functions of the body. He appreciates their importance as highly, and avails himself of their aid as much, as any physician can or ought to do. He fully recognizes the fact, that without taking them into consideration in the treatment of a patient, his prescriptions are but too likely to be of little service.

At the same time, it is perfectly true that he regards the utility of drug influence as of greater consequence than do those physicians who, from whatever cause, do not take advantage of that principle of drug selection which manifold experience has taught him constitutes the basis of drug therapeutics. His confidence in the efficacy of drug medication is, indeed, oftentimes a source of much self-complacent amusement to those who know nothing, or, what comes to the same thing, have no practical experience of homœopathy—but only to such.

The *Materia Medica* with which we have to do consists of those drugs with which Hahnemann and others, following his instructions, have made experiments upon themselves and their friends. The observations upon the action of these drugs, which have been recorded, have—under the guidance of the law of *similars*—enabled homœopathic physicians during the last eighty years to control disease with a rapidity and a success which are unknown to those who regard them as of no more value than a collection of old wives' fables. While this is perfectly true, none know better than those who have been long in the habit of studying this *Materia Medica*, that it is susceptible of improvement, that it can be rendered more trustworthy, be made more intelligible, that its details can be brought within a more reasonable compass, and that some plan is required, which shall enable the practitioner to refer to isolated facts contained in it with greater facility than he can do at present.

The completion of Dr. Allen's *Encyclopædia of Pure Materia Medica* demonstrated, with a fulness that rendered further illustration needless, that improvements in these directions were required.

These ten volumes contain lists of symptoms of disordered health, presumed to represent the effects of between seven and eight hundred substances, taken in doses varying from such as have proved fatal, to a quantity the exiguity of which is indicated by the letters "C. M."

The very magnitude of this work has warranted the inquiry—"Is all this necessary for the practice of homœopathy?" Then, again, a little investigation showed that the recorded effects of a considerable proportion of the *Materia*, supposed to have been proved, came with but very imperfect titles to the confidence of the practitioner. The experiments from which the symptoms were drawn in these instances were found to be faulty in several respects. They were, in some cases, too slight to be reliable for any practical purpose; in others, they were the reputed result of taking a medicine in quantities so infinitesimal as to render a special degree of sensitiveness necessary in the prover in order to admit of their producing any effect at all. Such a degree of sensitiveness as is rarely met with, save as a consequence of disease, and then only of a disease to which the medicine is homœopathic. In not a few of the symptoms attributed to the action of high dilutions, there is no reason to regard them as anything else than merely so many *post hoc*. One example of this occurs among the details of *Hydrastis canadensis*. In this instance, the prover took

a drop of the ten thousandth dilution on a Monday. On Tuesday morning he sat in a cold draught, and, during the afternoon of the same day, he had an attack of facial neuralgia. The symptoms which indicated it are set down as the effect of the ten thousandth dilution of *Hydrastis*. The current of cold air, which had, according to the original narrative, played upon the cheek—for anything that appears in the *Encyclopædia*, had nothing at all to do with the neuralgia!

Further inquiry showed that erroneous translations, especially in reports of provings and poisonings from the German journals, were both frequent and serious.

Imperfect as it is, the *Encyclopædia* possessed one great advantage over every previous collection of drug pathogeneses, in its giving the source of nearly every symptom, referring the reader to the book containing the details of the original provings or poisonings, whence each had been extracted, and in a very large proportion of instances the dose credited with having produced each symptom.

We thus possess in the *Encyclopædia* the fullest bibliography of drug provings, poisonings and experiments, it is possible to have at the present time. This alone renders the work one of great value to the student of *Materia Medica*. Its defects set our colleagues across the Atlantic inquiring how our drug pathogeneses could best be laid before the profession; how they could be displayed so as to fulfil the essential requirements of such a work, viz.: reliability as to facts; an intelligent account of them in the order of their occurrence; and an arrangement of them in such a manner as to render reference to them sufficiently simple and complete to meet the wants of the busy practitioner.

The inquiries necessary to the preparation of a work of the kind were instituted in 1882 by the Bureau of *Materia Medica* of the American Institute of Homœopathy, presided over by Dr. Dake, of Nashville—than whom no physician in the United States of America, or elsewhere, possesses higher qualifications for superintending such an investigation.

Meanwhile, our own Society, thanks to the energy-inspiring influence of its Secretary, Dr. Hughes, took the question up, discussing it at several meetings, appointing a Committee to prepare specimen plans of how the work ought to be done, and publishing their proposals in the *Annals*.

It was, I think, the general if not the unanimous feeling of the Society, that, before any satisfactory arrangement or schema of a drug could be made, we must have before us, in *extenso*,

the experiments made with it so related as to show, not only the symptoms, but the order in which they arose. The first effort of the Committee resulted in a presentment of the pathogenetic effects of *Aconitina*. We then had the details of provings of *Aloes*. In the latter the number of symptoms attributed to it in Allen's *Encyclopædia* was reduced by one-fourth. Nevertheless of many of those that were regarded by the Committee as apparently reliable, there was not, in the opinion of many members of the Society, sufficient evidence to prove that they were the genuine effects of the drug.

The Committee then received instructions to set in order the results of provings and poisonings with ten acids, viz., *Acetic*, *Benzoic*, *Carbolic*, *Fluoric*, *Hydrocyanic*, *Muriatic*, *Nitric*, *Oxalic*, *Phosphoric* and *Sulphuric acids*. The records of the pathogenetic effects of these preparations appears in the *Annals* of the Society issued in February, 1883, and occupies 104 octavo pages. The matter here collected is very valuable, and received much careful scrutiny and criticism during its preparation for presentation to the Society.

The arrangement of two of these acids suggests one or two thoughts which it may, perchance, be useful to dwell upon here for a minute or two.

First, with regard to *Carbolic acid*. The provings and poisonings by this substance occupy 24 pages. The length to which the details were protracted, if indulged in with regard to all other medicinal substances, would, it is obvious, result in a series of volumes far too numerous and bulky for general use. They would indeed be of great value to the lecturer on, or student of *Materia Medica*; but, by the general practitioner, they would most certainly be passed by as impracticable. This, I think, was felt by the Society, and their condensation was requested. Accordingly a *résumé* of the facts was drawn up and published in *The Monthly Homœopathic Review* for April, 1883. This appears to me to be amply sufficient for the purpose of studying the *modus operandi* of the drug.

Then, *secondly*, I would ask you to look at the proving of *Nitric acid* as it appears in this collection. It consists of four observations only. These show that *Nitric acid* produces a kind of dysentery, and tenderness of the gums with salivation—and that is all. Hahnemann's proving is rejected *in toto*, because, it is stated, that the symptoms detailed in it were "observed in patients taking the drug for other maladies." Here, I would ask you to notice that if in the past we had had no other source of knowledge of the pathogenetic effects of *Nitric acid* than that

to which I have referred—if, in short, we had not had Hahnemann's proving—we should never have had any reason for supposing it to possess any control over some diseases of the rectum, over nocturnal sweatings, or over some forms of laryngeal cough: and yet, in these conditions, it has, probably, been more frequently and more usefully prescribed than in any other.

Dr. Hughes has submitted the sources whence the symptoms attributed to drugs, the pathogeneses of which appear in *The Chronic Diseases*, were derived, to a very searching, and I may say, ingenious criticism; the practical outcome of which is that these symptoms "are not to be relied on as the genuine physiological effects of the drugs. They may be such," he adds, "but we have no means of knowing that they are, and here pathogenetic verification—the reproduction of the same symptoms on the healthy—is required ere we can use them with any confidence in working the rule *similia similibus*." Now, assuming the correctness of Dr. Hughes' conclusion as to the sources of these drug pathogeneses—and I am not in a position to dispute it—his criticism and its inference are, from an *à priori* point of view, incontestable. But supposing that this criticism and this inference had been published and accepted fifty-four years ago, all the cases cured during this time by *Calcearea*, *Graphites*, *Lycopodium*, *Natrum muriaticum*, *Sepia*, *Silica*, *Platina*, *Zinc*, and some others must needs have remained uncured! If these substances have proved remedies in the hands of our predecessors and ourselves, I would beg you to remember that it is through the provings of Hahnemann, which we are advised to set aside as "not to be relied on as the genuine physiological effects of the drugs," that they have done so. What other sources of knowledge of their pathogenetic properties have we had, wherewith successfully to work the rule *similia similibus*?

However, then, or whencesoever, Hahnemann collected the symptoms he has ascribed to the effects of these drugs on human beings—he did, most assuredly, bring together a number of phenomena, which, having successfully stood the test of clinical application by hundreds of medical men in all parts of the world for over half a century, we may reasonably regard as *facts*.

Have we then, any right to ignore the existence of such a record in *A Revised Materia Medica*? Should we not, by refusing it recognition, be depriving our medical brethren of all knowledge of a most important, well-tested source of drug-healing power?

The method which Dr. Hughes *thinks* that Hahnemann adopted is one directly opposed to the instructions for proving contained in the *Organon* ;* one against the adoption of which we should, at all times protest ; and one, the results attributed to which, by any who might think fit to pursue it, we should refuse to recognize. But so far as Hahnemann is concerned, of this one thing I am sure, viz., that by whatever method, he obtained the knowledge of the effects of those substances, the provings of which he has given us in *The Chronic Diseases*, experience has abundantly testified that the symptoms ascribed therein to such drugs as I have named, may be safely relied on as their genuine physiological effects. If a horse has proved his capacity to gallop faster and to stay longer than his contemporaries, his pedigree becomes a matter of secondary consideration to a buyer. And so here, these medicines have proved their capacity to cure disease when prescribed homœopathically, *on the indications given by* HAHNEMANN, and they have done so, so generally, and during such a long series of years, that there is no practical necessity for us to inquire how the said indications for using them were begotten.

Then comes the question, how are we to present them ? We cannot arrange them in a narrative form. The original observations, which alone would enable us to show the order in which the symptoms occurred, do not, I have understood, exist, at any rate they are not available. If I might be allowed to offer a suggestion as to our manner of dealing with the provings in *The Chronic Diseases* it would be that we should

* I referred here especially to paragraphs cv.—cxli. § cvii. reads as follows : “If in order to ascertain this” (the whole pathogenetic power of the several medicines described in § cvi.) “medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing of a decided character is seen of their pure effects, as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of disease, and can seldom be distinctly observed.”

The only paragraph in which symptoms observed on the sick are held to be legitimate effects of a medicine is the following :

§ cxlii.—“But how the symptoms” (symptoms which during the whole course of the disease might have been observed only a long time previously, or never before—consequently new ones belonging to the medicines) “of the simple medicine employed for a curative purpose can be discovered, even amid the symptoms of the original malady in diseases, especially in those of a chronic character that usually remain unaltered, is a subject for the exercise of the higher order of inductive minds, and must be left solely to masters in observation.”

This *dictum* is obviously only intended to apply very exceptionally indeed, and refers rather to occasional symptoms, and not to an entire proving.—A. C. P.

publish a translation of them from the latest edition ; and that the translation of the effects of such medicine should be preceded by a commentary derived from a careful study of it, both from a physiological and a clinical point of view.

Allow Hahnemann's classical works to remain as he left them ; where revision is possible, revise : where it is impossible, admit the impossibility, but let the text alone, or at the most, supplement it in appendices by the addition of such observations as have been made since his time. For example, the illustrations of *Nitric acid* poisoning collected by our Committee might, with every advantage, appear as an appendix to Hahnemann's proving of that drug, but as a substitute for it they would be found to be very inadequate.

We have already published a revised translation of the *Materia Medica Pura*, and were we to issue one of *The Chronic Diseases*, we might quite well restrict the proposed *Revised Materia Medica* to medicines not contained in either of these volumes.

So far, then, the conclusion which we, as a Society, have arrived at on the subject under consideration, is this.—We have indorsed, with the emphasis of practical illustration, the need of narrative provings, and details of cases of poisoning. We have decided that these must be revised, before any schema of their effects can be prepared.

I return now to consider the work of the *American Institute of Homœopathy*.

At the meeting of the Institute in 1882, Dr. Dake was, as I have said, appointed Chairman of the Bureau of *Materia Medica*. The special subject to which, acting under his direction, the members of the Bureau resolved to devote their attention during the year which would elapse ere the members of the Institute re-assembled, was "*A Model for Materia Medica*." In the consideration of this subject "it was first of all intended," says the Chairman in his report to the meeting in 1883, "to draw out the views of leading thinkers and workers on *Materia Medica* as to the feasibility of abbreviating or condensing our display of drug effects." Then, "in the next place it was intended to draw out illustrations of different methods of culling, from our vast displays of drug symptoms, the characteristic and most important ; and hence the proposition to bring the pathogenesis of each drug on an average down to five pages in the making of one convenient volume. And, lastly, the members of the Bureau were requested to prepare *Nux vomica* and *Kali bichrom.* in a manner corresponding with these two propositions."

Each member of the Bureau was requested, or, rather, expected to prepare such an exhibit, of these two drugs, as, in his judgment, the present provings and clinical records will allow, and in such form as may best suit the purpose of the homœopathic student and practitioner (the exhibit of each drug not making more than five pages *octavo* of brierley type leaded).

The response to this circular was a perfect illustration of the adage, *tot homines, tot sententiæ*. Each plan proposed, essentially differed from every other. The most practical, and, to my thinking, the most useful, is that of which Dr. C. Wesselhœft, of Boston, is the author, one which is, to a great extent, drawn on the lines of one of two proposed by the late Dr. Hirschel, of Dresden, in his *Grundriss der Homöopathie*, a portion of which was translated, nearly twenty years ago, by Dr. Hayle, of Rochdale.

After critically noticing each of the proposed plans, Dr. Dake concluded by saying, that he is unable to present such a close comparison of views upon the best method for the condensation of our *Materia Medica* as he had intended, because the members had evidently not all been looking or aiming at the same points. Some had proposed measures called for only in making a complete *Materia Medica*; some had embraced the reproof of the drugs, and some had brought forward pharmacy as well as pathogenesis.

Dr. Dake then adds, what it is important for this Society to bear in mind, as showing what is expected of us by our Trans-Atlantic colleagues—"In view of what is being done." I beg you to remark that Dr. Dake does not say what *has been* done—but "in view of what *is being* done in Great Britain toward the production of a revised text, a genuine and intelligible display of drug effects in the healthy human organism, and in view of the necessity of such a text, *before any abbreviation can be safely and properly made*, I would urge upon the Institute the immediate duty of coöperating with our able and earnest brethren across the sea." The "able and earnest brethren" referred to are, I would remind you, the Fellows and Members of the British Homœopathic Society! I would only add that I hope we may prove deserving of the compliment.

After the reading of the report certain resolutions were adopted, and the members of the Bureau were re-appointed.

In carrying out their instructions, a series of questions bearing upon those sources of drug action which should be regarded as sufficiently reliable for clinical purposes, the mode

in which narrative accounts of the effect of drugs should be arranged, and the method to be adopted in making out the schema, together with one or two other points bearing upon the revision of the *Materia Medica*, were circulated by the Chairman among the members of the Bureau.

The replies to these were duly sent in to him, and he has, from them as a basis, drawn out a complete plan of revision. I had intended reading this before commenting upon it. It has, however, been read to you already, and, besides, your attention has been drawn to it in the *Homœopathic Review* just published, so reproducing it here, is, I think, needless, and I will therefore at once proceed to make a few comments upon it. I do so—and this indeed is the *raison d'être* of my appearing before you to night—I do so in the hope that a very full and free discussion of the principles which should guide us in revising our *Materia Medica* may take place. It is very desirable, on every ground, that such a discussion should occur here, but it is especially desirable that we should have it now, inasmuch as our Secretary Dr. Hughes, will represent this Society at the forthcoming meeting of the Institute, when the report of the Bureau of *Materia Medica* will be laid before the members, and it is important that he should be in a position to communicate the views of this Society to our American colleagues.

The first point that strikes us is, that the work is advised to be in two parts, the narrative and the schematic. About the advantage of this there can be no doubt. So far as the narrative is concerned, the Society has, as I have already stated, expressed its sense of the necessity for this part of the work. Neither can I believe that any one can afford to do without the schematic. At the British Homœopathic Congress held at Leeds, in 1882, opinion was equally divided on the question of publishing a schema at all. For my part, I think that without a schema the narrative would be of comparatively small value, and reliance upon it alone would, in practice, often lead to very careless prescribing. The want of a schema would tend to make a practitioner depend too much upon his knowledge of the general actions of a drug, and be an inducement to him to shirk the necessity of individualizing. Without a schema individualization in prescribing would often be impossible, and without individualization in prescribing the practice of homœopathy is so imperfect as to be well nigh worthless. In fact, the practice which ensues from its neglect is not homœopathy at all—but simply empiricism derived from

homœopathy. Hence, I think, we should indorse the resolution of the Bureau to furnish a schema. The schema is the repertory in detail. It is that from which the *Repertory* must be compiled. And no man's memory is equal to doing without the *Repertory*.

We now pass on to consider the details of the construction of the narrative. The fifth part, "the symptoms, objective, and subjective, clearly attributable to each" medicine, need alone detain us.

It has been proposed, and is strenuously urged by Dr. Hayward, of Liverpool, that every case of poisoning that can be discovered, and every proving that has been made of each medicine should be published *in extenso*. This, gentlemen, I think, you will admit is both impracticable and unnecessary. Take, for example, the case of *Opium*. In Allen's *Materia Medica*, no less than 350 provings and cases of poisoning are cited. Each of these given at length would, we may well suppose, occupy three-quarters of a page or a whole page. So presented, *Opium* would require a volume to itself! Surely it is not necessary to wade through an entire volume to learn the kind of cases in which *Opium* is required! *Opium* is a drug with a comparatively restricted sphere of action, and one that is homœopathically indicated in but comparatively few diseases or cases of disease. *Arsenic*, *Belladonna*, *Mercury*, and other medicines more generally needed have also been the source of numerous poisonings—and the space their complete recital would occupy would be simply too, enormous!

Such a plan, then, is one that must be set aside on the mere ground of impracticability. Further, it is unnecessary. A few typical cases are all that we require; and at the same time "a succinct narrative" (here I am quoting Dr. Dake) "that shall combine and faithfully represent the positive or sick-making effects so far as the reports (at least two of them) may essentially agree."

Such a work as this, it will be apparent to everyone, must be individual, and the value of the narrative will necessarily depend upon the competency and skill of the gentleman who undertakes it, and the opportunities of access to records that may be within his reach. This the Chairman of the Bureau saw clearly, and consequently he added to the definitions I have cited "it is considered desirable to have the pathogenesis as full as it may be after the most thorough sifting, and to let its character for purity depend upon the competency and faithfulness of the revising editors, as must be done in all the text books of science."

In the *Transactions* of the American Institute of Homœopathy, a contribution by Dr. C. Wesselhœft shows at once the value and the imperfection of a narrative of this kind. He gives one of the effects of *Nux romica*, one sufficiently full to enable a physician to understand the general action of the drug, and he does this in four pages. But when he comes to the formation of his schema, he does not draw upon his narrative for his materials, but upon Allen's *Encyclopædia*! This, as we shall see presently, is not what is required. The schema ought to be framed from the narrative. But on the other hand such a narrative, as is alone practicable, is inadequate for the preparation of a clinically useful schema. At the same time, if it is prepared from any other sources, we have no means of gauging the value of the symptoms detailed in it—we do not know how or whence they were derived. The schema adopted by Dr. Wesselhœft is, as I have said, that of Dr. Hirschel, and one which in practical utility is, I think, second only to that of Dr. Drysdale in his arrangement of *Kali bichromicum*. But, if we are to have a *pure* *Materia Medica*, we must know where to look for the original source of the symptoms given in the schema. And this is incompatible with a condensed narrative, such as Dr. Wesselhœft has given, and such as the chairman of the Bureau has described as sufficient.

You see, gentlemen, how difficult a matter it is, in a work of this kind, to combine the practicable and the essential.

Thirdly.—From what sources should the symptoms be gathered. In the rules for revision to which I am drawing your attention, reliable reports of poisoning in the lower animals are held to be admissible; but, it is added, that they should be noted apart from those of the human species. I would suggest that any reports of this kind should appear as an appendix, and further, without *post-mortem* examinations I think that poisonings of this kind would have but small value, while carefully conducted, gradual poisoning unto death of carnivorous animals would, by the *post-mortem* examinations, assist considerably in rightly understanding the *modus operandi* of a drug.

The next point referred to in relation to poisonings is one that is very important, one too which, it has frequently struck me, has not been sufficiently considered. We are instructed to utilize cases of poisoning only where antidotes, *essentially varying the conditions, were not employed*. If all cases of poisoning, where efforts to save life by means of antidotes, were

omitted, very few would remain for reporting. And yet when once the antidote has been given, how are we to know to which drug we are to attribute the symptoms? We protest against complex prescriptions as unscientific, and as teaching nothing—but are we to depend upon, to receive as genuine drug effects, the results of complex poisonings? We have done so too much, I fear, for the purity of our *Materia Medica* in times past.

The following rule excludes provings made on persons not in sound health. This, of course, must be taken relatively and not absolutely; for, I presume, that a rigid examination of most persons would detect a “screw loose” somewhere. But there can be no doubt that the presence of manifest disease in any person should render his experiments unworthy of record.

Then, again, we are to exclude all provings made by persons “removed from a normal condition by excessive use of coffee, tobacco, opiates, or alcoholic stimulants, or by disturbing occupations.” Here we have to decide the question, What is “excessive” in the use of coffee, tobacco, opiates, or alcohol? A person who is accustomed to a daily allowance of coffee, or tobacco, or wine, would, for a time, be in, to him at any rate, a more or less abnormal condition by total abstinence from his accustomed indulgence. While to meet with a prover who either does not take coffee, or does not smoke a pipe, or does not drink a glass or two of beer or wine now and again, would not be so easy a matter. Hence, here I think, a good deal of discretion must be allowed.

The next question—How far provings made with dilutions may be trusted?—is a very difficult one. The power of a drug in a state of dilution to influence a disease the like of which it will produce, is comprehensible. The very tissues the drug is known to modify the health of, are rendered especially sensitive to its action by disease. But in health, there is no such special sensibility, and yet, if you examine the provings of *Sulphur*, you will find that symptoms are described as arising from high dilutions, which are precisely similar to those attributed to tolerably material doses. Watzks, too, when proving *Natrum muriaticum*, admitted—and, moreover, acknowledged that he did so with regret—that he felt more decided effects from the 30th dilution than he did from grosser quantities. Dr. Dake draws the line at the 12th decimal dilution. For my part I do not know where to draw it. I would, however, be inclined to insist on symptoms attributed to any

dilution being produced in three or four provers before accepting them as genuine drug effects.

All symptoms only occurring in one person the proposed rules would disregard. Here, however, some discretion must also be allowed, and their acceptance should be determined by the number of provers engaged in experimenting with a drug.

The following rule is a very important instruction to the gentlemen intrusted with preparing narratives, and, carried out, should, I think, with one exception (to which I will allude presently), receive our hearty commendation. It is:

"The drug symptoms accepted, should be collated so that they will show the beginning, progress, and end of the drug affection, in its lighter as well as deep impression.

"Under this rule the compiler should write his narrative, after getting all the accepted symptoms well before him and clearly in mind, as does the writer of history, in giving the individual acts and achievements of a person, a people, or a country.

"The symptoms common to the largest number of provers, those most characteristic of the agent, and, therefore, most applicable to the generality of mankind, should be indicated by a special kind of type, or by small numerals, all clinical verifications being noted by an asterisk, or in the *schematic* part alone.

"A plain statement of facts, without efforts at pathological or therapeutic induction, is here required."

Nothing, to my thinking, could give one a clearer or more accurate conception of the *modus operandi* of a drug than the arrangement of its physiological effects, after the manner proposed in the paragraphs I have just read. I must confess, however, that I am somewhat afraid, that the length of time and the amount of research necessary to put the instructions they contain into practice would deter many from undertaking a share in the work.

The only point here to which I desire to raise an objection is the proposal to insert "clinical verifications." These are often most misleading. The *post hoc* is so often mistaken for the *propter hoc*, that unless the particulars of a quoted case are before us, it is impossible to conclude how far the supposed observation is a "clinical verification," or merely one of those happy eventualities which, now and again, occur, and bring the practitioner a good deal more credit than is his due. But, independently of this objection, I think that a work of the kind proposed by our American colleagues should rigidly adhere to being a record of drug effects on healthy people. It is to be a work on the positive effects of the individual constituents of what is called *Materia Medica*—not one setting forth the therapeutic sphere of each. It is a text-book, not a series of lectures. It is a volume containing a body of facts,

to the profitable use of which no other guide is necessary than the principle *similia similibus curentur*. Anything of the nature of clinical verification or clinical illustration would, I think, be out of place in, tend to impair the usefulness of, and needlessly extend the work.

We now come to consider the proposals for the carrying out of the schema.

It is suggested that "the accepted drug symptoms should be arranged essentially after the plan adopted by Hahnemann, beginning with 'mental disturbances' and ending with 'conditions'; and should embrace only those set forth in the narrative work."

The first question to be considered here is, whether the primary divisions should be anatomical or regional. Personally, I do not regard this as a matter of much importance, provided we understand what the basis of arrangement is. On the whole, however, I incline to the regional arrangement, as illustrated in the article *Belladonna*, by Dr. Hughes, in the Hahnemann *Materia Medica*, and that in *Gelsemium*, as set forth by the Hughes Club, of Boston. But whichever plan is adopted, its details should be carried out after the plan of Dr. Hirschel—that proposed by Dr. Wesselhoëft. To have the symptoms arranged so that you can see, at a glance, the symptom, its locality, its time of occurrence, and conditions, is a very great help in studying a medicine, or in referring to it. Some twenty years ago, I arranged *Lycopodium* in this manner from the proving in *The Chronic Diseases*, and mainly from that analysis prepared a study of the medicine, which appeared in the *British Journal of Homœopathy* (vol xvii.). It is a great labor to do this, but it is worth all the trouble it takes.

The indicating the comparative value of the symptoms by their being displayed in different kinds of type would, I apprehend, add much to the cost of the volume, without increasing its usefulness in any proportionate degree. If the symptom recorded is a genuine one—and the great object of those interested in undertaking the work is that none but such as are genuine shall be admitted—it will be found clinically useful. The figures and types of different orders would seem to indicate different degrees of genuineness. Now a symptom is either genuine, that is, a direct effect of a drug, or it is not; and, therefore, I cannot see how there can be different degrees of genuineness. All symptoms, therefore, I would suggest should stand, as it were, on the same level.

Such, then, gentlemen, are the proposals of the Bureau of *Materia Medica* of the American Institute of Homeopathy. Whatever views you may take of them in detail, I am sure you will cordially join with me in expressing a sense of the very great care with which they have been drawn, and a full appreciation of the anxiety they display to insure accuracy in observation, and to render what is offered to the practitioner, as a groundwork for his prescriptions, nothing but what is as nearly absolutely reliable as anything can be that thoroughly conscientious men would set before him.

The chief point of difficulty, as it seems to me, consists in the narrative not being sufficiently full for the purposes of the schema. Only symptoms set forth in the narrative work are to be embraced in the schema. This I am sure, if the latter is to be as useful as it may be made, will lead to the former being more bulky than is necessary.

The method of overcoming this difficulty, which I would offer as a suggestion is, that in addition to, and immediately following the narrative, there should be a bibliography of provings and poisonings, somewhat similar to that given by Dr. Hughes in his article on *Belladonna*; and that every symptom in the schema, should indicate, by a number, the case or proving from which it was derived. This has been done in Dr. Allen's *Encyclopædia*, and I look upon this, and have felt it to be, one of the chief advantages of that herculean labor. By adopting a plan of this kind, the schema would be a full one, and the narrative no longer than is sufficient for its purpose.

The idea of presenting the effects of a drug by synthesis, and by analysis, is an excellent one; and I am disposed to believe that the plan I have commented upon, with the object of eliciting your opinions regarding it, is, with an adequate supply of ability and earnestness, a practicable one—one, moreover, which would place within our reach a means of studying and consulting our pathogenetic drug records that would prove eminently useful. Nevertheless, it does not approach in completeness the method adopted by *The Hahnemann Publishing Society*. Nothing yet done in the way of setting forth the pathogenetic properties of a drug has equalled Dr. Drysdale's *Kali bichromicum*. Life, however, is I suppose too short for us to wait for a couple of hundred drugs displayed in this manner. The laborers capable of performing the work are either too few, or too busy in other directions. At the same time, while I hope that this proposed work will

be forthwith taken in hand and carried through as speedily as is consistent with thoroughness and accuracy, I also hope that the Hahnemann Publishing Society will continue to present us at intervals of, say, five or ten years or so, with one or two drugs, arranged either on the plan of Dr. Drysdale or Dr. Hughes.

Gentlemen, I now leave the proposals I have reviewed for your criticism, as our Secretary is soon about to visit the authors of them. I would, in conclusion, beg leave to move—

“That the thanks of the British Homœopathic Society be presented to the Bureau of Materia Medica of the American Institute of Homœopathy for the zeal with which they have entered upon the work of revising the Materia Medica, and the ingenuity and care they have bestowed upon the proposals they have drawn up for carrying it out. And that they assure the bureau of their readiness to coöperate with them in the preparation of the work as far as it may be in their power to do.”

I propose this resolution, because I am strongly of opinion that we are much indebted to our American colleagues for these suggested rules of revision, and in this I feel sure that no one here will differ from me. I think also that we are doing no more than an act of simple courtesy in communicating to them, through our Secretary, the sense we have of our obligations to them, as well as of our willingness to help them.

[A letter from Dr. Gibbs Blake, of Birmingham, on the subject, was here read by Dr. Pope.]

DISCUSSION.

DR. DUDGEON, while highly appreciating Dr. Pope's paper, could not agree with him in questioning the correctness of Dr. Hughes' description of the pathogeneses of the *Chronic Diseases*. Hahnemann avowed in the *Organon* that he thought the sick justifiable sources of symptoms, only restricting this field to “masters in observation.” He (Dr. D.) was very averse to any substitution of a “succinct narrative” for the detailed records of provings and poisonings. He had much pleasure in seconding the resolution Dr. Pope had proposed.

DR. COOPER felt the question of the sources of our Materia Medica a very difficult one. When the specimen “*Aloe*” had been presented, one of the symptoms had been severely criticised; but this very one had led him to the drug in a case of severe coccygodynia he was treating, and with entire success—other remedies having been given in vain. Symptoms occurring in sensitive patients while taking medicines were often genuine. He had noted the appearance of styes on the eyelids while *Ferrum phosphoricum* was being taken, and this hint he

had lately utilized with great advantage in a case of tarsal tumor. The provings of the *Chronic Diseases* had, for him, always rewarded patient study. He would name, as an instance, those of *Manganum*.

DR. MACKECHNIE would be content to leave the whole subject to their delegate's discretion.

DR. CLARKE agreed with Dr. Cooper as to not rejecting patients as sources of symptoms. He thought that the "*Carbolic Acid*," in its condensed form, was the kind of *Materia Medica* which was wanted; and he would have no "clinical verifications," or such like extraneous material, mingled with it.

DR. KENNEDY urged that typical cases of poisoning only should be selected.

DR. COOKE of Buffalo, U. S. A. (visitor), expressed thanks on behalf of his countrymen for the resolution which had been taken. He felt how difficult it was to please everybody in this matter of *Materia Medica*, and mentioned that the variations in type, which Dr. Pope deprecated, had proved very useful to him—he understanding them simply as denoting how often a given symptom had been observed.

DR. HUGHES apologized for occupying the meeting at some length, as the subject was one in which he was much interested. He thought Dr. Pope's paper an excellent setting-forth of the subject, and was glad to be able to agree with him on almost every point, the only real exception being that he could not see the use of a schema as coming between the detailed provings and their repertorial index. He was especially glad to hear emphasized our absolute need of the original narratives of provings and poisonings; while also agreeing, as against Dr. Hayward, that all extant records of the latter need not be included, and with Dr. Clarke, that they should be condensed. As regards the pathogeneses of *The Chronic Diseases*, his point had been that they consisted mainly of symptoms occurring in patients taking high dilutions, and therefore needed "pathogenetic verification." He could not accept clinical verification as warranting their soundness, since, containing—each and all—nearly every possible variation from health, any success obtained with these drugs would find reflection in their course. Nor could he allow that our successful use of these drugs was drawn from their pathogenesis. It was mostly traditional and empirical. *Natrum muriaticum*, with its 1345 symptoms, had become an important remedy, while *Natrum carbonicum*, with its 1080, was almost unused. Dr. Cooper found *Manganum*,

which had 435 symptoms, a useful drug ; but who ever gave *Nitrum*, which had 710 ? He would—as he had always advocated—have *The Chronic Diseases* translated as it stands, just as the *Reine Arzneimittellehre* had been ; and would let both stand on their own merits, compiling the new *Materia Medica* independently of them. As regards this, he could not agree with his friend Dr. Dake, in substituting a “succinct narrative” of the total effects of a drug for the detailed reports of its action on individuals. These last were the foundation of the *Materia Medica*, and a foundation that ought to be visible, in order that all might build upon it for themselves. Dr. Dake had proposed to publish rather a digest of the records ; but who were to be the digesters ? Where were they to get their materials ? And who were those who would accept their work when done ? We want it for inquirers and critics of the old school as well as for our own students ; and how are they to accept it without the original authorities being given ? If these are to be given, and to be collated by the workers, why not take the opportunity of exhibiting them, that those who (wisely) prefer it may digest them on their own account ? Such a work as Dr. Dake proposes would correspond to a treatise on the Practice of Physic, while the individual records would answer to a series of clinical cases ; and we need not argue which was most in accord with the genius of homœopathy. It would be as if the late Revising Committee had given us a statement of the doctrines and precepts of the New Testament instead of a new text and translation. As regards the materials of the work, he must confess he thought the proposed rules rather too rigid. Observations on the sick, and provings with potencies, must be selected or rejected on their own distinctive merits, and not on any hard and fast *à priori* determinations.

DR. DYCE BROWN (Vice President, in the chair), agreeing that the pathogeneses themselves should be presented, thought there were three courses open to us—1st, to relate them all at length ; 2d, to give all condensed ; 3d, (which he favored) to have a few typical cases in full, and the rest only in reference. Then in the schema, which he thought all were in favor of, he would include symptoms from the sources referred to as well as from the detailed narratives. Here Hahnemann’s symptoms would come in, and he would embrace those of the *Chronic Diseases*, only denoting them in some way. For this and other purposes he favored distinctions in type. He quite agreed about the reality of certain symptoms observed in the sick, instancing a peculiar dream which a patient of his has

whenever he gives her *Gelsemium*, even as high as the 3d dilution.

Dr. POPE (in reply) thought that the suggestion of Dr. Kennedy was an excellent one, but was capable of being pushed further than he seemed to imply. We did not require six or seven cases of poisoning, all showing the same phenomena—two, with references to others, would be sufficient—but cases illustrating the action of a drug on the different tracts and organs through which its poisonous influence was exerted. This, followed by a succinct narrative, next a bibliography of poisonings and provings, and then a schema after the manner of Dr. Wesselhoëft would, he thought, give them as useful and workable a form of *Materia Medica* as they could obtain. He could not go so far as some speakers had done with regard to the admission of symptoms observed on the sick. These, if admitted, would require a different kind of type as indicating their somewhat questionable origin; while those attributed to dilutions required high qualities on the part of the observer. With regard to the distinctive types, for which Dr. Cooke had pleaded, he had so often been misled when trusting to them that he had almost come to regard them as will o' th' wisps, and therefore he thought them useless. Dr. Pope was not aware that Dr. Hughes had advocated a re-translation of the *Chronic Diseases*—for having written of them as containing symptoms “not to be relied on as the genuine physiological effects of the drugs”—he supposed that he regarded them as worthless [Dr. Hughes, “No, no.”] He hoped, in conclusion, that the work would now be set a-going, and that the members of the British Homœopathic Society would do their share of it.

[A question having been raised as to whether the chairman was correct in representing the meeting as almost unanimous in favor of a schema, a vote was taken, when—of those members then present—6 were found against it and 4 in its favor.]

The resolution proposed by Dr. Pope and seconded by Dr. Dudgeon was then put from the chair and carried unanimously.

TYPHO-MALARIAL FEVER, AS IT PREVAILED IN BIRMINGHAM, ALABAMA, IN 1883.

WITH A REPORT OF SEVENTY-FIVE CASES SUCCESSFULLY TREATED.

BY A. L. MONROE, M.D., BIRMINGHAM, ALA.

IN 1870 the first rude habitation reared its humble head amongst the tall pines of Jones' Valley, Jefferson County, Ala. About that time, the L. & N. R.R. penetrated the iron moun-

tains that surround the valley like the wall of an ancient city. To-day this valley is the site of the manufacturing city of the South, and the limpid creek that gurgles down the mountain-side near by, quenches the thirst of 15,000 people, supplies hundreds of steam-engines, and mingles in equal parts with the whiskey of forty bar-rooms. So busy indeed, was this little city of Birmingham in growing, that she could ill spare the time from her labors to bestow upon the cleansing of her person, for which oversight she was severely scourged in 1873 by an epidemic of cholera which decimated her populace, and drove hundreds helter-skelter from her plague-stricken borders. Real estate became worthless, and the doom of the deserted village seemed imminent. But a few stout hearts remained true to their protégé, a season of health arrived, and in 1876 new life infused itself into her people. Since then her growth has only been equalled in the history of some of our western towns.

But her sanitary condition has never been good, and epidemics of diarrhoea, dysentery, jaundice and intermittent, remittent and typho-malarial fevers have been annual visitors. Until last year no sewerage-system was attempted, and the almost impervious red clay of a plateau was the only dependence for the absorption of liquid impurities. Since then, several large ditches have been constructed through the city, with small ones from most of the principal streets tributary thereto, forming altogether a crude sewerage-system serving for the disposition of storm-water, but their incline is quite gentle, and their walls cave badly, so that throughout their course stagnant pools appear during the warm seasons.

The water from Village creek is pumped into capacious reservoirs upon the mountain-side two miles from the city at an elevation of about 100 feet, giving the city an ample supply of water throughout the year. This water is charged with the production of much of the prevalent disease, but I am unable to detect any source of impurity within ten miles of the pump-house. Indeed, more diseases of an infective nature occurred last year with the people depending upon a certain spring situated in a low level spot in the suburbs, than upon a like area in the heart of the city, where the hydrant-water was used entirely. The plumbing is in the main good, though the authorities are lax in forcing property-holders to repair defective waste-pipes. Privy-pits are not allowed, the city requiring that boxes above-ground be used for the reception of fæcal matter. These boxes are emptied sometimes in

one week, sometimes in six weeks. Settled warmth sufficient for the production of malaria begins about March 15th, and lasts until December. A pleasant Gulf breeze modifies the extreme heat of mid-summer.

The epidemics mentioned, attack, in a large percentage of cases, new-comers a few weeks or months after their arrival, especially those from more northerly latitudes and those inhabiting the lowest lands, though those living on the mountain-sides are by no means exempt. Negroes, under the same conditions, are about equally liable with whites. When properly treated, these diseases are rarely fatal, excepting jaundice, and that only when existing in pregnant women, after quickening. This complication has produced many deaths in times past, only about four women having survived,—so the records go. My only case of this sort was almost at term, and was delivered of a healthy child; she recovered. *Lach.*¹² was given both before and after confinement. The general course of these cases as described to me, is as follows: After several days of anorexia, constipation and headache, jaundice appears; soon after this petechial spots appear all over the body, and in spite of all precautions the patient quickly aborts. Abortion is followed by an uncontrollable passive hæmorrhage of dark grumous blood.

But the most important disease engendered by defective sanitation—important by reason of its frequency, and oftentimes its gravity; a disease especially interesting at this, the season of its commencement, and most vitally so to us of the rapidly-developing citizens of the south and west where money reigns supreme, and all measures *pro bono publico* are frowned down by avaricious people—is the fever known at various times and in various places as typhoid, typho-malarial, Chicahominy, relapsing, acclimating, and swamp-fever.

'Tis the fever that once vied with the Confederates in reducing the Union forces, and the one that well-nigh destroyed Mark Tapley's cheerfulness, as so graphically portrayed by Charles Dickens; 'tis the disease of new countries, of warm countries, and of low countries.

As prefatory to my remarks upon this fever, I take the liberty of making the following quotations from a paper published in the *Transactions* of the Alabama State Association for the year 1882. This paper treated upon the epidemic of this fever for 1881, and was written by M. H. Jordan, M. D., now President of that Association, a man of ripe experience, who has probably seen more of these cases than any man in the south.

He says, "While its symptomatology took wide excursions, both as respects temperature, duration and crisis from the typical fever, there were many features in our cases that could only attach to the genuine disease, and I therefore, for the better settlement of our local nomenclature, chose to adopt, treat and consider it as a genuine typhoid epidemic."

After quoting Bartholow and other eminent writers on prodromata and symptoms, he continues, in substance: "If all this must occur to make a case true typhoid, I have some doubt as to how we should properly class our recent epidemic nosologically." "The union then, of a typhoid with a malarial element, would seem to clear up much of the obscurity involved." "I need only cite an extensive epidemic of jaundice, following just in the wake of the fever in support of its hybridity." "If we have hybrids in the animal and vegetable kingdom, why not in disease?" He then confesses to have seen some cases conforming in symptoms typically to true typhoid, excepting as to "gradual advance in temperature which in no single instance occurred." "Quinine was given assiduously in large and in small doses, and it never shortened its duration, nor lessened the severity of the fever, except temporarily when administered in anti-pyretic doses. A peculiar train of nervous symptoms characteristic of genuine typhoid fever were present in many cases, and diarrhoea with fulness, and tympanitis over the abdomen and tenderness and gurgling in the ileo-cæcal region, were present in almost every case. Four of the cases that I saw, had a severe and almost fatal hæmorrhage from the bowels, and epistaxis and parotid abscess existed in about five per cent of the cases. Restlessness, wakefulness, low muttering delirium and all of the distressing effects upon the nerve-centres characteristic of some peculiar blood-poisoning, presented an array of symptoms in this epidemic going far toward making up a fever, typhoid in the ordinary acceptation of the term."

From the most accurate statistics that I was able to compile, there were three hundred and forty-seven cases of this fever in Birmingham during the past summer and fall; of this number, forty-nine (about fifteen per cent.) died. Diarrhoea was recorded in about sixty-five per cent. of the cases, and in all fatal ones, vomiting happened in twenty-two per cent.; it had no special significance as an early sign, but when it came on in the course of the disease, it was due to over-feeding, peritonitis or nephritis. Cough, due to bronchitis, was noted in eighteen per cent. of the cases, delirium was present in all the

fatal cases, and in sixteen per cent. of the recoveries. Rose-spots only appeared in two cases. Rachitic pains in forty-four per cent., and epistaxis in twenty per cent. A number had tonsilitis, and one otitis.

The highest pulse recorded in a case of recovery was one of a hundred and sixty on the fourteenth day,—the fever, turning eight days after.

The highest temperature was in a man aged twenty-six, of 106° on the 11th day, fever abating on the 38th day. Head-ache was a prominent symptom in the early stage, and when I found it present at my first visit accompanied by a temperature of not less than 103°, and a slow pulse not above 104 or 106, I felt safe in predicting that my patient was in for an attack of fever of thirty days' duration.

At the risk of some repetition, but with a view to presenting a complete picture of this disease, I will now describe the disease as it appeared to me. It is but fair to mention, however, before going further, that this gentleman assures me of the decreased violence of the epidemic of 1883, as compared with the one reported by him,—though a number of deaths occurred in the former epidemic.

As observed by me in seventy-five cases covering a period of sixteen months, its main characteristics were as follows: It begins generally as an intermittent or remittent fever, but differs in its bold defiance of our great anti-periodic.

Sometimes, though rarely, the fever is the first symptom, not even perhaps, being preceded by a perceptible rigor. Generally, however, the lassitude, constipation, anorexia, congestive headache and bone-pains, marking the invasion of true typhoid, anticipate by from three days to three weeks. Rigors sometimes occur daily or twice daily throughout the attack.

The fever-thermometer at my first visit registers 103° to 104° and over; the pulse is often, as remarked by Dr. J., unusually slow in proportion, generally between 80 and 100 in adults. There is present a *splitting* headache, boring and severe rheumatic or neuralgic pains. The pains, especially headache, are aggravated intensely by motion. The tongue is heavily furred with a white or yellow dirty coating; extreme thirst, restlessness and sleeplessness,—perhaps the last two being replaced by torpor and indifference; the bowels are usually constipated unless the patient has been taking pills, which he generally does before he sends for a physician.

Under homœopathic treatment and careful nursing, the fever generally reaches its height by the second or third evening,

falling then from one to one and a half degrees within eighteen hours, and staying within the vicinity of 102 degrees until the end, though often a rise to its original height occurs before the crisis; this last rise being followed by a sudden fall to a subnormal temperature and convalescence.

Convalescence is slow and relapses occur from the slightest imprudence even in diet.

In a number of cases, delirium was present, mostly in children and generally at night.

Violent delirium never appeared. Intestinal hæmorrhage occurred twice, one patient passing his bed-pan twice full of pure blood in a single night. He had come to me from an allopath known to be a reckless doser.

Parotitis occurred in two cases, one only suppurating. Bronchitis occurred in but one. Tympanitis was rare and not marked when present.

Constipation in a majority of the cases persisted throughout the attack, one patient, a pregnant woman, came very near starving to death with gravid nausea after the fever left her. She and her baby are now in perfect health.

One patient, who had forty-five days of fever, relapsed after getting well enough to go into the garden and pick and eat strawberries; she had three weeks more of it. This forty-five days' case was my longest; my shortest, ten days; a majority from eighteen to twenty-two days.

The highest temperature attained in any of my cases was 104.7°. Most rapid pulse, 140. Thirteen cases reached a temperature of 104° and over; and ten a pulse of 120 and over.

In the epidemic from which my report is made, fatal cases only occurred in the following category: First, patients previously weakened by disease or *marked* diathesis; second, in pregnant women after quickening; third, in subjects after heroic treatment.

The most enlightened class of physicians here employ the expectant treatment almost entirely in this disease, losing from two to five per cent. of their cases.

When death occurred with them, it was generally in the latter part of the third week, or in relapse and was from heart failure from fatty degeneration, pneumonia, or intestinal hæmorrhage.

One death occurred from perforation, this taking place during convalescence from an usually violent and sudden muscular effort.

Comparison with typhoid.—This disease is like typhoid in its duration, in its asthenic character, in the weakness engendered and consequent length of convalescence; but differs in the fact that the temperature gradations are totally different; that its onset may be without previous warning, or in the form of an ordinary malarial fever; that the disease is not equally self-limiting and that the graver symptoms and lesions, such as delirium, hæmorrhage, pneumonia, enlargement of the spleen, fatty degeneration of the heart, etc., are the exceptions rather than the rule.

Treatment.—The allopathic treatment consisted in the use of Quinine in anti-pyretic doses, Iodine, Calomel, Verat. Vir., and Digitalis; also the cold bath, local unguents and stimulants. Quinine would sometimes ward the attack off a day or two, sometimes reduce the temperature for a day or two, sometimes have no effect whatever,—its influence was always temporary; many used it as a means of diagnosis. Stimulants were only useful in the threatened heart-failure. Sometimes supervening toward the end of the disease or in relapse, and then preferably in combination with a nutrient, as sweet milk, with perhaps a little lime-water, to prevent the alcohol from coagulating the milk.

Homœopathic treatment.—My principal dependence was upon homœopathic remedies per oram. The epidemic remedies were Ars. and Bry. respectively in 3d trituration and 2d dilution. In the spring and fall, *Rhus*, was often indicated; *Gels.*, several times with children. *Phos. Ac.*, served me well twice, when the mental condition and acid debility were present. *Hamam.*^o, in drop-doses subdued my worst case of hæmorrhage. *Nit. Ac.* 30th, the other; both were well indicated. Sulphur as an intercurrent was invaluable. Sometimes *Bell.* or *Ferrum*, were needed for the congestive headaches preceding or accompanying the beginning, and *Coffea* for the sleeplessness appearing at the same time. *Chin. Ars.* 3d, was the only tonic used during convalescence. Sometimes, after the end of the third week, the fever would become intermittent or decidedly remittent, retaining this form in spite of the best chosen remedies; in these cases good results were obtained by the use of appreciable doses of Quinine each morning for several days. Locally the only measure attempted was frequent sponging with hot water, the heat of the water and the frequency of the sponging being proportionate to the height of the fever. Other local and general measures were attempted for a while, but the treatment gradually narrowed itself to that mentioned as prev-

ing all-sufficient, representing the unalloyed fruits of experience. The only nutrient that proved entirely suitable was milk, and that preferably in the form of butter-milk—the patients always crave acids. Lemonade and orange-juices were allowed “ad lib.” The combined effects of the high temperature of the alimentary canal, and the attendant suppression and deterioration of the digestive juices in this fever, often causes decomposition in meat extracts before they are digested; this, added to their stimulating tendency renders them unfit to nourish the typhoid patient. Soft boiled egg and rice were allowed at the beginning of convalescence. Mush, oat-meal, and cracked wheat, were not allowed, owing to the fact that they never are entirely free from the husk of the grain. The most grateful food to the patient at this time, and in light cases, all through the course of the disease, is a combination made of rice-flour and the juice of blackberries, called “Flumery.”

Is typho-malarial fever a misnomer? Dr. Bartholow defines typhoid fever as an acute “febrile affection, . . . characterized by a peculiar eruption upon the abdomen, by a form of diarrhoea, by stupor and low delirium, by thickening and ulceration of Peyer’s patches, by infiltration and softening of the associated mesenteric glands, and by swollen spleen.” Then in a foot-note at the end of his article, he indorses Dr. Woodward, who was the author of the name under consideration, in his retraction of the same, saying in substance that the diseases differ in no essential particular, the latter only occurring in patients whose systems have been previously saturated with malaria.

Now it seems to me that this is disposing of an important question in too summary a manner, for even were the lesions of typhoid present in all cases, the malarial element deserves equal consideration, and we could with equal show of reason, dispose of the typhoid element in a foot-note at the close of an article on malarial fever, by saying that some had called continued malarial fever, “typho-malarial fever,” but that such was a misnomer as it was the same disease as a remittent, with the exception that it occurred in patients whose systems contained the germs of typhoid.

Some of these cases exhibit no single appreciable lesion or symptom cited by Dr. Bartholow as characteristic of typhoid and none of the temperature-characteristics or an approach to the same. Even the intestinal hæmorrhage is far from a certain indication of ulceration of Peyer’s patches,—for does not malaria produce acute congestions of and hæmorrhages from all the

mucous membranes of the body, as seen in the bloody diarrhoea and dysentery, the malarial hæmaturia, and the occasional attacks of hæmatemesis and metrorrhagia, to which malarial patients are subject? I have never as yet seen the rash or the ileo-cæcal tenderness. That it was not uncomplicated malarial fever is proven by the fact mentioned, that in spite of the use of Quinine and all known anti-pyretic and anti-malarials in all conceivable doses, its course continued uninterrupted for three weeks or over. In an epidemic, then, cases without malarial history, are affected exactly as those with such history. Other arguments, equally potent, are contained in the quotations from Dr. Jordan's article, and in the body of this paper.

As to prevention, those measures which prevent malarial infection, are the most successful, together with purification of the drinking-water, by boiling or filtration, and the prompt burial of discharges from patients. The workmen at the iron-furnaces, seem to be quite exempt, possibly attributable to the sulphur constantly breathed in a dilute state. During the hot season I did not allow a single week to pass without taking at least one dose each of Sul. 3d trit. and Carbo. Veg. 3d trit. I was one of few persons, in a boarding-house of over forty, who escaped infection during the year, and the others were "to the manor born." I give this for what it is worth. Thanking all who have shown the patience to see me through this article, I will close by expressing a hope that many years of experience in this climate may be given me, to render future articles upon this subject more valuable.

FRACTURE OF THE BASE OF THE SKULL—RECOVERY.

BY D. P. MADDUX, M.D., BROOKLYN, N. Y.

SUBJOINED is the history of a patient treated in the Brooklyn Homœopathic Hospital, who presented the characteristic signs of fracture at the base of the skull, and who left the hospital a well man. I give the case in detail, because I think it is very exceptional for one to recover who presented all his symptoms; which recovery I may add was of course due to mother Nature.

R. B., German, æt. 35, married, by occupation a sailor, was brought into the hospital early on the morning of December 16th, 1883, with the following history and symptoms: On December 15th was celebrating his thirty-fifth birthday by continuous drinking. A little after midnight, he attempted to go downstairs; he stumbled in starting and fell down two

flights of stairs, striking his head at the bottom. Two persons who witnessed the accident say that he struck his head several times in falling. The ambulance connected with the hospital was immediately summoned, and arrived a few minutes after the accident.

When found was completely unconscious and bleeding freely from the left ear. The ambulance surgeon, Dr. Mirrieless, assured me that he had lost at least three ounces of blood, arterial in character. When admitted to the hospital the symptoms of intoxication were prominent and masked all others, but the ominous flow of blood from the left ear still continued; answered questions in monosyllables, but with a degree of intelligence; nausea, and slight vomiting of semi-digested food; respirations 18 per minute and quiet; pupils normal in size, but reacted rather slowly; pulse 92, hard and wiry; extremities rather cool; skin dry. When interrogated in regard to pain, said: "My head; my head." And placed hand on frontal region.

Large lumps were found over vertex and occiput, but nothing further than contusion could be discovered; no spot of especial pain about head or spine. The shoulders, left arm, and lower extremities were severely contused.

After being placed in bed he seemed disposed to sleep, and was not aroused; the extremities soon regained their natural temperature and vomiting ceased; the oozing continued until 10 A.M., when it gradually ceased, during which time he lost an ounce of blood; respirations were from 16 to 20; pulse about 75. During day quiet and drowsy; passed urine twice, which on examination was found to contain a slight excess of urates and phosphates of lime; pupils became slightly dilated, but reacted more promptly; gave longer answers to questions; pulse rather wiry and irregular.

The following is his pulse and temperature record: 10 A.M., 99°-78; 1 P.M., 99.2°-76; 4 P.M., 100°-76; 7 P.M., 99.4°-78; 10 P.M., 99°-64.

December 17th.—No discharge whatever from ear since 10 A.M. Yesterday passed 35 ounces of urine; had a movement from bowels, rather constipated in character; answers promptly and at greater length; still inclined to sleep; cannot hear at all from left ear; pupils same; pulse more regular.

Temperature, 1 A.M. 99°, pulse 64; 4 A.M. temperature 99°, pulse 59; 7 A.M. temperature 98.8°, pulse 58; 12 M. 99.8°, pulse 56; 3 P.M. 98.6°, pulse 60; 7 P.M. 98°, pulse 52; 11 P.M. 98.2°, pulse 54.

December 18th.—Last night restless, and to-day feels wakeful; very severe cutting-pains in forehead, aggravated by everything; another movement from bowels, the same in character as on the preceding day. Takes nourishment in liquid form.

Pulse is now quite full, but intermittent in force; every third or fourth beat being weaker. A careful examination was made of heart, but no valvular lesion could be detected. Still the same peculiarity could be detected in the systole, some of its contractions being less forcible than others.

There was also noticed an anæsthesia of both extremities. Said but one pin was sticking him when two were put four inches apart in a longitudinal direction, or two inches in the transverse. (This was equally marked on both sides.) Blood was drawn by pin without causing him any pain; appreciation of heat and cold much better; he had also a very decided exaggeration of the patellar reflex.

Temperature 7 A.M. 98° , pulse 58; 10 A.M. 98° –56; 1 P.M. 98° –66; 4 P.M. 97.5° ; 7 P.M. 98.2° –52; 10 P.M. 98.8° –50.

December 19th.—Pain in frontal region and in the region of the left ear very severe; slower in answering questions; wears an expression of great agony on face even when sleeping; takes food when offered, but does not ask for anything; passes urine and feces without difficulty; ear was washed out to-day with a weak solution of permanganate of potash; after this said pain in head was better; a number of blood clots were removed.

At 1 A.M. temperature 98° , pulse 49; 4 A.M. 98.5° –52; 7 A.M. 98.2° –56; 10 P.M. 98° , pulse 56, and intermittent in force; 1 P.M. 98.4° –56; 4 P.M. 98° –56 (weaker than A.M.); at 8 and 12 was sleeping, and pulse was 65, higher than it had registered at any of his waking hours during day.

December 20th.—This morning it is difficult to converse with him; thoughts are scattered; answers questions very slowly; severe pain in forehead. At 2.30 P.M. he found difficulty in swallowing, even saliva; no pain in throat, but an inability to control the muscles of deglutition; this grew much worse towards evening, and the patient became quite alarmed; tongue covered with a thick, white coating, and protruded with some difficulty, but in the median line; towards evening drowsy and hard to arouse; pupils slightly dilated.

Temperature 7 A.M. 99° , pulse 58; 4 A.M. pulse 59 (sleeping); 6 A.M. 66 (sleeping); 7 A.M. 99° , pulse 64; 4 P.M. 101° –64; 7 P.M. 100° –54; 10 P.M. 100° –62.

December 21st.—Able to swallow better; pupils normal in size, but sluggish; pulse still intermits in force; anæsthesia of extremities more marked; pain in head much better.

To-day he developed decided symptoms of mental aberration; told his wife that he had overheard the nurse say that he would be killed, and that the man in the next bed was going to shoot him; was quiet and undemonstrative, and showed no evidence of fear.

Temperature 2 A.M. 99.2°, pulse 58; 4 A.M. pulse 59; 6 A.M. 60; 8 A.M. 54; 10 A.M. 56; 12 M. temperature 99°, pulse 66; 3 P.M. pulse 59; 6 P.M. 60; 8 P.M. 54; 11 P.M. 56.

December 22d.—Swallows now without difficulty; is more rational; pain in the head less severe.

To-day there appeared a thin serous discharge from left ear; in it were a few threads of tissue, apparently from the membrana tympani; patient feels much better in every respect; temperature normal, pulse from 58 to 62, regular.

December 23d.—Much brighter and feeling more like himself, still quite dizzy; the discharge from ear more copious, so that he had to change small sponge in meatus about every hour. From this date the patient steadily improved; the pulse increased a few beats each day and lost its intermittency, until it reached 75, when it ceased its irregularity. The discharge from ear afterwards became thinner; of a pale-gray color and was as much as 2½ drachms in twenty-four hours.

The patient was discharged on the 8th of January, after being in hospital for twenty-three days; at the time of his discharge he could walk, talk, and eat without difficulty, but there still remained a slight anæsthesia of the lower extremities, an exaggerated patella reflex, and an almost complete deafness of the left ear.

Since his discharge he has consulted specialists, who told him that the membrana tympani was completely lacerated, and that they believed with me that he had sustained a fracture of the base of the skull.

There are several points in the case that present considerable interest, to wit: the fact of recovery after so grave an injury, the remittency in the force of the pulse, and the continuously slow pulse when the patient was lowest; increasing with almost every favorable symptom, that on several occasions the pulse was higher at night when sleeping than during the day when awake, the transient symptoms of mental aberration, and the difficulty in swallowing, and that permanent improvement should be inaugurated with the appearance of a

discharge that is generally looked upon with apprehension, all these symptoms have a physiological and pathological import which I leave to wiser heads to solve.

VACCINATION IN VARIOLA.

BY H. KNOX STEWART, M.D., PHILADELPHIA, PA.

ON November 2d, 1883, I was called to see Clarence Y., a little patient, living in the extreme southern part of our city, on the confines of what to "our oldest residents" is known as the "Neck." I found him suffering with severe pain in the lumbar region, excessive sick stomach, with intense headache, aching of the arms, limbs, and in fact aching from head to foot, with intense soreness of the entire surface of the body, and dreading to move or to be moved; heavy furred tongue, and about as peevish and cross as a child of four years can well be, with quite a redness of the entire surface of the body, and here and there a slight showing of a papillary eruption trying to make its appearance. I strongly suspected "variola;" prescribed *Bryonia alb.* 6^x, and awaited further developments.

Now this little patient was about four years of age, and I had vaccinated him three different times with fresh "bovine virus," each time simply producing a slight inflamed condition of the arm, but nothing more, his system seeming not to be susceptible to the vaccine virus. There was a lapse of from six to nine months between the different times of vaccination.

On the third day of the eruption he presented the appearance of what was going to be a case of confluent small-pox, and I immediately had a room prepared at the top of the house, sent all the members of the household away except the mother, she remaining to nurse him. He was now isolated in a room with nothing in it but what was absolutely necessary, the temperature being kept at from 60° to 65° Fahr. I vaccinated him at once, gave *Nux vom.* 3^x in water, a teaspoonful every hour, and visited him every day. He was very sick for two or three days with partial delirium at intervals, lasting two or three hours. The vaccination did not appear to make any impression at all that was discernible any more than the previous trials had done; but the eruption seemed to be held in check from the time of vaccination, and the pustules instead of filling seemed to be drying; and at the end of nine days, instead of being full, and the disease at a very critical point, it was about

ended, the eruption nearly all off the body, and the boy well enough to be discharged.

I vaccinated him on the left arm, but there was no visible sign that he had ever been vaccinated; but on the left limb, inside the knee, about one inch below the joint, one of the pustules had made an indentation or mark resembling a very large vaccination mark. This was all the treatment the patient had. He continued to improve rapidly, and at the end of two weeks was discharged well, with no marks at all except the one spoken of at the knee.

The mother I treated with *Nux vom.* 3^r in water, a dose every four hours during the time. She had no bad effects except a general malaise and prostration, which I attributed as much to shock from fright at the knowledge of having to contend with such a formidable foe as small-pox as I did to the exposure to the disease. One year before in the same house the grandfather of the child had confluent small-pox in a very aggravated form, and was confined to the house some seven weeks under the old-school treatment but recovered.

On February 22d, 1884 (Washington's birthday), I was called to the southwestern part of our city to see a patient, a child six years of age; found he had been sick three days, complaining of all the premonitory symptoms of variola, and now on the third day the eruption had made its appearance, and I was hastily summoned to know what it could be, and readily diagnosed a slight case of "variola." He had been vaccinated three years ago, and had quite a sore arm, but no show existing of the vaccine having taken, vaccination was repeated a year ago, without result.

As in the previous case mentioned, I immediately vaccinated all the members of the household, and sent two smaller children away from the house, had the patient isolated at the top of the house, procured the services of a good nurse, and kept the temperature of the room, as Dr. Jeanes used to say, "on the shady side of warmth," and vaccinated the patient. The eruption, as in the former case, seemed to be immediately checked. There was no sign of the vaccination having had any effect.

The patient received the same treatment as the former case with the exception of one or two days, when *Merc. viv.* 3^r trituration was substituted for the *Nux vom.*, and at the end of nine days he was free from any evidence of having had anything like the disease.

On March 5th the next child, a little girl, three years of

age, whom I sent away when first called to see the brother, was sent home with the disease, also in a mild form. The vaccination had not had any effect, and the eruption had made its appearance. I again vaccinated with the results as stated above; and now, on March 10th, the eruption has nearly all dried up, and is rapidly disappearing. Treatment: Tartar emetic 12^x. trit., as there seemed to be quite a catarrhal complication. Patient up and doing well.

On March 6th the next child, one year old, was returned with the eruption just making its appearance, no sign of the vaccine having had any effect. I did not vaccinate this one immediately, but allowed the case to go on for two days with Hepar as the indicated remedy. The case seemed to be rapidly developing into what would certainly be the most aggravated of the last three cases, and, from the child's age, the most troublesome to the nurse, when I decided to save trouble, and vaccinated again; and now, two days later, find the eruption checked and beginning to show signs of drying with Placebo every two hours, and expect to discharge all well within a few days.

Other members of the household, vaccinated on Washington's birthday, have very sore arms, showing that the "bovine virus" was good in the first vaccinations, and the fact of the vaccination not taking at first was not due to the virus.

Now this makes four cases in which I have vaccinated on the appearance of the eruption, and each case has been checked, never running over nine days before the danger of this dread disease is past, the patients well, and the families happy; and I believe the vaccine virus to be the medium, and recommend the same treatment to others, and the free use of Platt's chlorides as a disinfectant, as I find it the best I have ever used.

ON THE IMPORTANCE OF CORRECTING LOW DEGREES OF SIMPLE ASTIGMATISM.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

IN the *HAHNEMANNIAN MONTHLY* for May 1883, Dr. Horace F. Ivins reported a series of cases illustrating the importance of correcting low degrees of simple astigmatism. Since Dr. Ivins' paper attracted my attention to the subject, the following cases of simple astigmatism of low degree have been under my charge and are here reported as confirmatory of his experience:

CASE I.—Eddie X. aged eleven years, has complained for

some time past of burning and stinging in his eyes, aggravated by any use of these organs. An examination under the use of homatropin (gr. viij—3j) gave the following result: R. E. V. = $\frac{20}{xxx}$; w. $-\frac{1}{60}$ cyl. axis 105° , V = $\frac{20}{xx}$ sc. L. E. V. = $\frac{20}{xl}$; w. $-\frac{1}{48}$ cyl. axis $90^\circ = \frac{20}{xx}$ sc. After the effects of the mydriatic had subsided, the following glasses were prescribed: R. E. $-\frac{1}{60}$ cyl. axis 105° ; L. E. $-\frac{1}{60}$ cyl. axis 90° . With these, he could read $\frac{20}{xx}$ sc. Since wearing them, the burning and stinging which had before been so severe as to compel his parents to keep him from school, subsided rapidly so that he now reads with ease and comfort.

CASE II.—Mrs. Y. aged thirty-two years, complained of constant aching in the eyes. When reading, letters would blur and run together. She did a great deal of fine bead work which was especially hard on her eyes. She had been to a number of opticians, but never could get a pair of glasses which afforded her any satisfaction. R. E. V. = $\frac{15}{xx}$; aggravated by both $+\frac{1}{72}$ and $-\frac{1}{72}$. L. E. V. = $\frac{15}{xx}$; aggravated by $+\frac{1}{72}$ and $-\frac{1}{72}$. Under homatropin R. E. V. = $\frac{15}{xxx}$ aggravated by $+\frac{1}{72}$ and $-\frac{1}{72}$; but with $+\frac{1}{144}$ cyl. axis $45^\circ = \frac{15}{xx}$. L. E. V. = $\frac{15}{xxx}$; aggravated by $+\frac{1}{72}$ and $-\frac{1}{72}$; but with $+\frac{1}{144}$ cyl. axis 90° V = $\frac{15}{xx}$. R. E. $+\frac{1}{144}$ cyl. axis 45° , L. E. $+\frac{1}{144}$ cyl. axis 90° , was prescribed, since which time, the aching has, in a great measure disappeared, and is only manifested now whenever the patient is employed longer than usual at her bead work.

CASE III.—Miss X. aged twenty-four years was fitted by me three years ago, and $+\frac{1}{60}$ prescribed for both eyes. These glasses, while they afforded some relief, never gave complete satisfaction as there was always some aching of the eyes present. About six weeks ago she consented to undergo a second examination, when the following results were obtained; under homatropin, R. E. = $\frac{20}{xxx}$ w. $+\frac{1}{48}$ cyl. axis 80° , V = $\frac{20}{xx}$; L. E. = $\frac{20}{xxx}$; w. $+\frac{1}{144}$ s. $\bigcirc + \frac{1}{60}$ cyl. axis 105° , V = $\frac{20}{xx}$. The prescription given was R. E. $+\frac{1}{60}$ cyl. axis 80° ; L. E. $+\frac{1}{72}$ cyl. axis 105° . Since wearing these, all aching of the eyes has disappeared, and she can now read or sew for hours without experiencing any discomfort.

HIGH TEMPERATURE IN FACIAL ERYSIPELAS.

BY G. H. MORRISON, M.D., WHITEFIELD, N. H.

MRS. S—, age about 26; nervous temperament; health good; no personal or family history of erysipelas. At this

time she was nursing a child 12 weeks old. One morning on rising, she noticed a little swelling on the right side of her face below the eye, which grew worse as the day advanced. In the afternoon her husband called at my office for medicine for her. The next morning, March 22d, I was called to see her, found her sitting up, face considerably swollen, red and shining. She had been chilly several times during the night; had thirst, backache, some headache, tongue coated white; Pulse 120, and temperature 106° in the axilla.

March 23d, found her condition aggravated in all respects; face swollen more; could not open her right eye; restlessness, thirst, headache, and through the night there had been delirium. The tongue was now becoming dry and brownish, face very tender to touch, pulse 128, and temperature 110° .

March 24th, inflammation spreading to the left side, both eyes closed, face very painful; headache; had felt chilly through the night; very thirsty; prostration very marked; tongue dry with heavy brown coating; pulse 134, temperature 112° . In the evening I visited her again, found her more comfortable, face less painful, less restlessness through the day; pulse down to 128, and temperature 108° .

March 25th, swelling increasing, glands about the neck inflamed and very tender; severe headache; delirium through the night; great thirst; face very painful; vesication on the right side; tongue dry and brown; pulse 120, temperature $105\frac{1}{2}^{\circ}$.

March 26th. This morning found the swelling on right side subsiding, and less painful, headache not so severe, thirst still continues; less restlessness; tongue looks about the same; pulse 114, temperature $104\frac{1}{2}^{\circ}$.

March 27th, slept better through the night and "feels rested;" better in all respects; pulse 96, temperature $100\frac{1}{2}^{\circ}$.

March 29th. This morning found her sitting up and feeling much better; can eat a little; pulse 96, and temperature $98\frac{1}{2}^{\circ}$. She continued to improve from this time until fully recovered.

I find that Roberts in his *Theory and Practice* speaks of temperature in erysipelas as high as 104° and 105° , and may go up to 106° or 108° ; Raue, 105.8° ; Ziemssen, as 105.8° and upward, and in none of my books do I find it as high as 112° .

Treatment in this case was strictly homœopathic. The principal remedies used were Belladonna and Rhus tox. 3d, with a few doses of Arsenic.

The thermometer I bought of Otis Clapp & Son, and had a certificate of accuracy with it.

ABSCESS OF RECTUM, CAUSED BY SWALLOWING A PIN.

BY S. W. S. DINSMORE, M.D., SHARPSBURG, PENNA.

I WAS called about 10 P.M., January 23d, 1884, to see Mrs. B., a widow, aged 60 years, who moved here from Southern Ohio, in November last. She had suffered with hæmorrhoids, external and internal, more or less for the past twenty-five years, but for the past four or five days, the suffering had been almost unbearable, especially during defecation. On making an examination of the rectum, I found, about one inch within the bowel, a pin $1\frac{3}{16}$ inch in length, extending directly across the bowel and firmly imbedded in the tissue. The parts were hot, swollen, and tender; there was considerable difficulty in determining at which side was the point. I finally forced my finger between the pin and the recto-vaginal septum, and in using some force, found that one end inclined more downward. I then ran my finger-nail around that extremity and slipped it over the head of the pin, and had the satisfaction of dislodging it. The patient was very nervous, and slightly chilly, for which I gave Acon. 3^x. The fourth day she complained of soreness and heat, with some difficulty in micturition. An examination revealed an abscess forming in the rectal wall where the point of the pin had rested. The tissue was hard and painful. I applied a flaxseed poultice externally, administered opium suppositories, and gave Hepar. 12^x. One week from the time the pin was removed, the abscess was opened about $\frac{1}{2}$ inch from the margin of the anus, and discharged freely four or five days, then healed kindly, and on February 5th the patient was discharged recovered. She thinks the pin was swallowed when packing her household goods preparatory to moving, November 1st, 1883. It was rusted, and evidently had been some time in transit.

RHUS TOX. IN LUMBAGO.

BY C. E. JÄCKEL, M.D.

REV. G. A. æt. 45, had been troubled with the above disease for three successive winters. At the time he came to me his symptoms were about as follows: Severe pain in the small of

the back, so that he could hardly rise from a chair without assistance, though it was better from continued motion. This pain he felt occasionally in the thigh and in the knee-joint. The pain in the back was "better on lying on something hard."

Guided by these symptoms I prescribed *Rhus tox.* ^{3x}. In four days he came to me and said he was "perfectly well."

Miscellaneous Contributions.

"DR. ROBERT AMTHOR'S REMEDY FOR DIPHTHERIA."

A FEW days ago I received through the mail a circular which reads as follows:

"DIPHTHERIA."—I wish to call the attention of physicians to a homœopathic remedy which will relieve them of much embarrassment, and bring to a young physician in a short time, both reputation and practice.

It is the most wonderful with which I have become acquainted in a practice of forty years, and I have proved it so often in the last eight years, that the happy result of its use is beyond doubt—it is in fact a specific in the fullest sense of the word. The diseases in which its magical effects are shown, is above all, *Diphtheria in all its different Forms, and Scarlet Fever.*

Every thoughtful physician will know how to appreciate such a remedy, and no physician who has once tried it will be willing to be without it; he will look upon it as the most precious treasure of his *Materia Medica*. Physicians and ministers to whom I have offered it on trial, agree in its praise; they call it a wonderful medicine.

DOSE:—Of the size of a large pea, either taken dry or dissolved in a teaspoonful of pure water repeated every two or three hours, and in dangerous cases every half hour.

N. B.—While using this remedy, no other must be employed either externally or internally. To be obtained from me only on receipt of price of said remedy.

PRICE: One box, one dollar. Six boxes for five dollars.

DR. ROBERT AMTHOR,
Homœopathic Physician,
121 North Broadway, Baltimore, Md.

(On the upper left hand corner of this circular is a cut marked, "Trade mark, Registered," representing a very robust looking angel flying through space with a streamer unfurled,

upon which is printed "Dr. Robert Amthor's Remedy for Diphtheria.")

Comment is almost unnecessary. That the sending through the mail of such a circular is contemptible and the whole thing a fraud and a very small trick by which Dr. A. hopes to gain some filthy lucre is apparent. Note the following: He says he has a homœopathic remedy which is a specific in the fullest sense of the word and shows its magical effects in diphtheria in all its different forms and scarlet fever.

Now, every homœopathic physician knows that there is not and cannot be any such remedy.

His remedy in a short time will bring a *young* physician "both reputation and practice."

This is "thin." I venture to say that he sent his circular to none but young physicians. And he takes care to mention that he has been in practice for forty years. 'Tis a pity that after so many years of practice, any man would stoop to such a business as this. "Physicians and ministers to whom I have offered it on trial agree in its praise."

It is a fine thing that the ministers praise it. How thoughtful in Dr. A. to give these gentlemen some of this wonderful homœopathic remedy on trial, and how important to mention the fact in his circular.

One dollar a box! or six for five dollars! is the way in which one of the homœopathic physicians of the city of Baltimore does business.

On referring to the directory of Homœopathic Physicians,—year 1883, compiled by L. J. Knerr, M.D., of Philadelphia, I find that Robert Amthor's name heads the list for Baltimore County, Maryland.

As the American Institute meets in Maryland this year, we may all have the extreme felicity of seeing the gentleman to whom is due the honor of—discovering and trying to sell to the profession this wonderful homœopathic remedy.

W. J. MARTIN.

1712 Carson St., Pittsburgh.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

BY F. R. M'ANUS, M.D., BALTIMORE.

IN the March number of *The Homœopathic Physician* appeared an article, with the above title, from the pen of our justly distinguished colleague, P. P. Wells, M.D., of Brooklyn, New York, giving an account of the object for which the In-

stitution was established, and was to be perpetuated, and stating, fearlessly, and truthfully, its shortcomings. I agree with Dr. Wells in all that he has written upon the subject.

In the year 1837 I had the good fortune, after having been occupied eight and a half years in practicing medicine according to the theories and practices of the then dominant school, to have commenced an investigation of Homœopathy, which investigation I have continued, unremittedly, ever since. After having been thus engaged for seven years, I received an invitation to attend a meeting of homœopathic physicians, to be held in the city of New York, and to form what has been known as the "American Institute of Homœopathy." I attended, and am happy and proud to say that on the 10th day of April, 1844, I was one of the twenty-three who commenced that successful undertaking. All are acquainted with that success—Homœopathy's enemies as well as friends. At its formation the material founders were unquestioned homœopathists—*Hahnemannians of the true grit*. If that glorious Institute has not fulfilled its destiny, and the expectations and requirements of many of its truest members and friends, it may be attributed, largely, to the great desire that has prevailed of rather increasing its size than to have had the more important object in view, the mental, literary, and medical capabilities of its applicants for membership. It may here be asked—"for what purpose the Board of Censors?"—I have attended every meeting of the Institute, far and near, since its formation, *but one*, and at every meeting have been honored with the responsible position of a member of the Board of Censors *but one*, and have always regretted the want of knowledge of the proficiency of applicants for membership by the Board of Censors. Under the mode of application for membership, every applicant is required to have his or her application guaranteed by three members of the Institute, for his medical diploma, name and location of the college of which he or she are graduates, and the year of such graduation, his moral and professional standing, etc. The Board of Censors are to be satisfied of the applicant's knowledge of Homœopathy, and then to recommend his or her election to membership. In regard to the first requirement, any physician (member) can obtain the indorsement of two others, who do so *as a compliment and know nothing of the status of the applicant!*

As regards the requirements of the Board of Censors as to the applicant's knowledge of Homœopathy, in nine cases out of

ten the applicants do not appear before the Board of Censors, or before the Institute until elected, and no idea can be had of the applicant's eligibility in any respect. Again, of late years very many young physicians who may have had diplomas for about two or three months, who have really no knowledge of what system they will be the practitioners, and are applying for the testimonial of the great American Institute of Homœopathy to their moral and social and professional standing and as experts in Homœopathy, when they do not understand its first principles or the application of those principles to practice.

It can now be easily understood what an opportunity the American Institute of Homœopathy has offered to many to impose on the credulity of their several locations; to cover their ignorance or cupidity. They glory in the name of homœopathsists, but are of that sensible class who, alone, are rationalists.

The Board of Censors require that every application for membership shall be in the handwriting of the applicant, and *that every member who indorses his eligibility shall have a personal knowledge of the applicant and of the facts to which he attests.*

THE NEW CHLORATE.

At the recent meeting of the American Medical Association Dr. Traill Green read a paper in which he praised the Chlorate of sodium as superior to the Chlorate of potassium, as being more soluble and far less irritating to the stomach. In conjunctivitis, and in irritations of mucous membranes ending in the skin (piles, etc.), it is most soothing. He thought the Sodium salts in every way preferable to the Potassium salts, and illustrated the difference in the irritating qualities of Sodium and Potassium salts, in the use of Bicarbonate of Sodium in burns, which answers well, while no one would think of using Bicarbonate of Potassium for the same purpose. In conclusion he said, that if any physician would try the effect of substituting Sodium chlorate for Potassium chlorate in his practice for one month, he felt sure that they would discard the Potassium for the Sodium. He had seen a case of angina yield to Sodium chlorate that had resisted the Potassium salt. —*Medical News.*

1884.]

THE
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Editors,

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Business Manager,

BUSHROD W. JAMES, M.D.

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No. 6.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

MATERIA MEDICA REVISION.—It is doubtful if the HAHNEMANNIAN MONTHLY can at this particular time devote its pages to a better object, or render a higher service to homœopathy than in the presentation of Dr. Pope's article on Materia Medica Revision, and the discussion had thereupon by the members of the British Homœopathic society. In its importance, this subject outranks any other now before the medical profession. Not only is it receiving the most careful consideration by our European colleagues, but here in our own country, the Materia Medica Bureau of the American Institute, comprising many of the men most distinguished in this department of medical learning, has, for some two or three years past, been giving its best energies to the solution of questions growing out of the subject of Materia Medica Revision. It seems that in the minds of nearly or quite all our leading men, there exists a conviction that something must be done, in order to make the vast mass of our provings more available than they now are, and whatever differences of opinion there may be, are differences as to the methods to be employed

rather than as to the end to be attained. Nor is it possible to doubt for a moment, the integrity of purpose which actuates a single one of the men who are giving their thought to this matter. Dr. Pope speaks of the conscientiousness of his American colleagues, and his own paper commends itself as of a similarly worthy origin. It gives no evidence of any undue desire on the part of its author, to thrust a pet theory or notion before his contemporaries, nor to force his own methods upon the reluctant acceptance of his associates. It simply presents, in a calm, yet earnest and logical manner, the various divisions of the subject of *Materia Medica* Revision as they have presented themselves to the mind of a learned, conscientious, independent thinker, whose intense loyalty to homœopathy, no one who knows him can ever question.

We make this statement respecting Dr. Pope—and we can say the same of all his English and American co-laborers in this field—because there are a few physicians—fortunately *only* a few now-a-days—who regard any attempt to disturb the tranquility of our ocean of “provings,”—so-called, except by adding still further to its unavailable vastness, as little removed from treason to homœopathy. We have no intention, and this is not the place, to discuss the merits of the paper. We publish it in order that the members of the Institute can be made acquainted, before the session at Deer Park, with the views of at least one of our most distinguished colleagues in England; one too, who probably represents in no inconsiderable measure, the views of many of the Fellows and Members of the British Homœopathic Society, an organization with which the American Institute Bureau is working in conjunction.

THE INSTITUTE MEETING.—On Tuesday morning, June 17th, the American Institute of Homœopathy will convene in its annual gathering, and continue in session about four days. Deer Park, the place of meeting, is on the Baltimore and Ohio Railroad, near the western extremity of Maryland, and is at the summit of the Allegheny Mountains, three thousand feet above sea-level. Those who have had opportunity to enjoy the scenery of the great Appalachian Range, will not need to be informed respecting the grandeur and beauty of Deer Park and its surroundings. The hotel (under the management of Mr. W. J. Walker, late of the Gilsey House, New York), with its full retinue of attendants, will be at the exclusive service of members of the American Institute and other physicians and their friends during the continuance of the session. The

Baltimore and Ohio Railroad Company are sparing neither labor nor expense to render the visit to Deer Park as agreeable as possible, besides having reduced the railroad fare one-half, and the hotel fare in almost corresponding proportion. We have it on good authority that the Company does not propose to make money out of the Institute, but expects to use the opportunity solely to bring to the favorable notice of physicians and their friends, the magnificent attractions of their road, and the advantages of Deer Park as a pleasure and health resort. The Company has probably expended already more money in preparing for, and in advertising the Institute meeting, than they can hope to collect in fares from the members, a fact which indicates pretty conclusively just the light in which the contemplated meeting is regarded by the corporation.

Professor J. C. Sanders, M.D., of Cleveland, Ohio, the President of the Institute, wrote us recently, that from personal inquiry and observation, he could assure physicians that their comfort and enjoyment would be well provided for at Deer Park, and that almost anything we might say in favor of the place, of its surroundings, and of its railway approaches, would prove to be fully justified.

Of the meeting itself it is perhaps needless to speak. We all know what the Institute is, what its meetings are, and what its working members are. We know, too, judging by the past, something of the quality of the papers likely to be presented, and of the discussions to be had thereon. We are all interested, deeply interested, professionally, and even *financially* interested in certain of the reports to be presented and discussed, notably those upon *Materia Medica Revision* and upon *Pharmacology*, and doubtless also to some extent in the Bureau reports generally. We ought to be there, *all of us*, either to take part in the proceedings, or else at least to show our appreciation of the labors of those who are giving time and thought and talent, and in some cases money, to make us better practitioners, to add to our professional honor and influence, and to defend us in our professional rights against the open and secret machinations of the enemies of professional liberty.

For the benefit of our readers, living in the Eastern and Middle Atlantic States, we may say that there are three trains per day from New York city, foot of Desbrosses Street, and foot of Cortlandt Street. These trains leave New York at 1, P.M. (except Sunday), 7 P.M., and 12 MIDNIGHT; leave Philadelphia, Broad and Market Streets, at 4 P.M. (except Sunday), 10 P.M.,

and 3.50 A.M., respectively; Baltimore, at 7.05 P.M. (except Sunday), 1 A.M., and 7.15 A.M., respectively, arriving at Deer Park at 4.34 A.M., 9.00 A.M., and 5.37 P.M. Mr. C. R. Mackenzie, passenger agent of the company, No. 1100 Chestnut Street, Philadelphia, recommends the train which leaves New York at 7 P.M., and Philadelphia at 10 P.M., and reaches Deer Park at 9.00 next morning, as possessing certain advantages, particularly in regard to speed. Those, however, who prefer a day-ride among the historic scenes of the Upper Potomac and through the grand mountain scenery of Western Maryland, should select the midnight train from New York (3.50 A.M., from Philadelphia), which will reach Deer Park at 5.37 P.M., *i. e.*, in good time for supper and the social enjoyments of Monday evening,—certainly, an important consideration. This last-mentioned train allows a stop-off of two hours in Washington city. All three trains stop at Chester, Pa., and Wilmington, Del. The fare from New York, will be \$12.35, and from Philadelphia, \$9.85, for the round trip. Sleeping berths, \$2 each way. Hotel rates, \$2.50 per day.

Physicians who, by any mischance, should fail to receive the annual circular, which contains very full particulars of the arrangements, programme, etc., should write to the secretary, Dr. John C. Burgher, No. 332 Penn Avenue, Pittsburgh, Pa., who will also furnish blank applications for membership, if desired.

DODGING THE ISSUE.—The President of the American Medical Association in his Annual Address at the recent session, discussed the interminable ethical question of consultation in a manner eminently befitting himself and his auditors. The *text* on which that part of his discourse was based, is the self-contradictory portion of the code which reads as follows:

“A regular medical education . . . ought to be *the only* acknowledged right of an individual to the exercise and honor of his profession. . . . But no one can be considered . . . a fit associate in consultation whose PRACTICE is based upon an exclusive dogma, etc.”

This curious phraseology means that a physician's only right to the exercise and honors of his profession consists, not in his practice, but *in his education*, and that his only right to the exercise and honors of consultation with the members of his profession consists, not in his education, but *in his practice*. Hence it also means that the honor of consultation is not one of “the honors of the profession,” or else it doesn't mean anything, or else its authors do not themselves know what it really does mean.

This latter supposition appears to be the correct one. At any rate there are differences of opinion as to its *intent*, among members of the American Medical Association. For instance, Dr. Piffard, the New York medical historian, intimates that not only was the code adopted, but the association was organized for the sole and express purpose of crushing homœopathy; and in all legislation upon the subject, by the association, and by state and local societies in affiliation therewith, the phrase "*Practice, based upon an exclusive dogma*" has been held to mean the "practice" of homœopathy. Lately, however, more than one of the prominent members of the association have been protesting that the code does not forbid a physician to "practice" in any way he pleases, but simply prohibits him from adopting the *name or title* of "homœopathist." The association's code *says* "practice." The association's president says "practice" does not mean practice; it means "title."

Dr. Austin Flint (senior) the president of the American Medical Association, is terribly in earnest in this peculiar interpretation of the code. He makes a desperate effort—not to have the code amended; Oh, no! he is strongly opposed to "tinkering the code," but—to have the association adopt a resolution declaring that the code does not mean what it says, and does mean what it does not say.

It is not difficult to understand the secret of President Flint's evident anxiety. He sees that public sentiment has long held him and his association in contempt, for the arbitrary and absurd provisions of their code, and he knows that his own association is held together upon the question of consultation, only by dint of a system of pledges which requires every member to promise in writing, before entering the meetings of the association, to uphold the present code. And he knows, too, that so soon as the members awake to a sense of their own dignity and self-respect, he and his most ardent supporters will be buried out of sight. To avoid this, and to dodge public odium, he, and several others whom we could name, are trying to convince the public and profession of something which they do not themselves believe, *i.e.*, that their code does not and never did attempt to interfere with the freedom of opinion. This they propose to accomplish by the passage of a *resolution*, giving an "authorized interpretation" of the code, and thus avoiding the necessity of an honest, manly, and honorable withdrawal from the absurd and repressive attitude they have so long held.

Yet how easy, how simple, how manly, how self-asserting it

would be for them, merely to pass some such expression as this—"Resolved, that we believe our medical fathers acted unwisely in the adoption of the exclusive clause of the code of ethics, and we, their sons, refuse therefore, to be any longer bound by the absurd provisions and requirements of said exclusive clause." But *such* action is for men possessing a high sense of right and a high degree of moral courage. It is not yet to be expected of the American Medical Association.

Dr. Flint, with amazing coolness, argues directly in the face of hundreds of his fellow-members who know better,—that this proposed "authorized interpretation" represents the real meaning of the code, and that allopathic opposition has been and is being levelled not against the "practice" of homœopathy but against the "distinctive name" of its practitioners. He claims that "legitimate medicine" (he means allopathy) "has placed no restrictions upon individual opinions." That reminds us of the story of the two Irishmen who went one night into an unfinished building to steal boards. Groping about the upper stories, they gathered together as many as they could well carry, when suddenly, a portion of the building fell to the ground with a crash, extinguishing their candle and leaving the affrighted thieves hanging in mid-air from a projecting beam. The night was pitchy dark. One of the men feeling his hold relaxing, said to his friend "I'll be dashed into purgatory; I will be jabers; but now moind ye, Pat: *I didn't stole the boards.*" No: legitimate allopathy has *not* "restricted individual opinions." And perhaps the sublime honesty of the "legitimates" can be exemplified by that same Irishman, who, letting go his hold, was dashed to the ground, a distance of some sixteen inches, and immediately called out to his companion: "I say, Pat! Come down, and lave the boards till marnin."

THE ATROCIOUS CRIME OF GETTING WELL.—The London *Medical Times and Gazette*, for April 12th, is mad. Mad, because "Mr. Bright has been ill, and is recovering under the innocent ministrations of a homœopath." It does not at first appear, whether the aforesaid journal is mad at Mr. Bright for having been ill, or for recovering. But, as Mr. Bright probably could not help being ill, it is reasonable to suppose that the indignation of the *Times and Gazette* was excited by his recovery; a thing that he could very easily have prevented by simply accepting the ministrations of some friend—perhaps the editor—of that angry periodical,

and for which he should, therefore, be held to a rigid accountability. What right has Mr. Bright, or any other man to "recover under the innocent ministrations of a homœopath," when he can just as easily die under the — ministrations of an allopath?

The *Times* and *Gazette* also complains because "a few months ago Sir William Siemens was attended in his last moments by a homœopath," and because "the unhappy circumstances, attending the death of Lord Beaconsfield, called general attention to the fact that for years the brilliant statesman had reposed his confidence in a homœopath," and because "his able lieutenant, too, Earl Cairns, is attended in his illnesses by a member of the same fraternity." Now, these additional complaints leave us in doubt. The journal seems to be indignant at Sir William Siemens because he died, and at Mr. Bright and Earl Cairns because they didn't. How are people to know when to die and when to recover, unless the *Times* will take the trouble to tell them explicitly? And then the case of Beaconsfield leaves the matter in a dreadful muddle. True, the brilliant statesman did, perhaps a number of times, "recover under the innocent ministrations of a homœopath;" but, when the old man became too feeble to resist the power and influence of his friends, a full-fledged allopath was called in, in ample time to administer a *coup de grace*, and the patient promptly obeyed the behest of "Legitimate Medicine." What, then, is the *Times* growling about?" "Unhappy circumstances?" Why "unhappy?"

Oh, here it is. In the next sentence the *Times* explains it by saying, "Here we have four of the ablest men that this century has produced, all giving in their adhesion to homœopathy." Certainly! Did not the *Times* know that thousands and thousands of the ablest men and women of the century are doing precisely the same thing? And then our London contemporary asks what has caused the defection; whether the "manifest trades-unionism" of allopathic physicians, their "sacrificing patients' interests to an effete etiquette," their "disloyalty to conscience," and their "lapses into quackery," have not caused "the rebellion of such minds," etc.

"Rebellion" is a good word. It serves to impress kings and queens, premiers and lords, statesmen and scientists, and all other "able" people, that they are under medical authority, and that their "defection from medical orthodoxy" cannot, and will not, be permitted. It is rebellion.

But, we digress. We have no doubt that the causes above

quoted from the *Times* are, indeed, potent,—their existence is sufficiently manifest, at any rate,—but they are not the only causes. Those four “able men” gave in their adhesion to homœopathy simply *because* they were “able” men. The greater the number of able men in any community, other things being equal, the more luxuriantly does homœopathy flourish. If the *Times and Gazette* expects ever to suppress the “rebellion” against allopathy, it must begin by abolishing the universities and the public schools, and perpetuate the conquest by keeping the entire population in dense ignorance. There are many people so perverse that they would rather recover under the innocent ministrations of a homœopath than die under the somewhat different ministrations of an allopath; and the “abler” they are the more rebellious they seem to be.

FULFILMENT OF THE INDICATIO CAUSALIS.—It was expected that Dr. Schneider’s article on the above subject, as translated by Dr. Tietze, would be concluded this month, but other matters have unfortunately crowded out the second and final instalment of the paper, although it is in type and ready for issue next month. The article is timely, in view of the tendency—caused by the discovery of bacilli in connection with numerous forms of disease—to adopt a germicide method of treatment in preference to the well-tried and successful methods furnished by homœopathy. Even if the bacillus is the direct cause of many diseases, the knowledge of that fact will not lessen the efficacy of the homœopathically-indicated remedy. The *similimum* will continue to be master of the situation, bacillus or no bacillus.

EXPLANATION.—Dr. Fleury, author of *Modern Household Medicine*, objects to our criticism that his dosage is at times too strong, if not absolutely poisonous. He calls attention to our mistake in referring to his use of *Ars. iod.* We stated that it is recommended in the 1^x. He says that it is advised in the 1st centesimal.

We were led into our mistake by the following: On p. 557 of his book we read: “*Arsenici iodidum*, trit. 1 and 3^x.” We thought the ^x applied to both 1 and 3.

Still, we claim that our criticism is just. The doses recommended—especially *Merc. corros.* 1, *Phos.* 1-200, *Cerii oxalis* pure, *Arsenicalis liquor* θ , *Nux vom.* θ , etc.—are too strong for lay practice, even though rules for prescribing are fully detailed.

Notes and Comments.

SIR WILLIAM JENNER has been reelected for the third time, President of the Royal College of Physicians of England.

"OUR SOUTHERN BRETHREN" should all be at the Institute Meeting, simply because Deer Park is south of Mason and Dixon's Line. And for that matter, our northern brethren should also be there, for precisely similar reasons.

AGAINST THE ANTI-VIVISECTIONISTS.—The American Medical Association at its recent session considered a series of resolutions opposing any legislation tending to restrict investigations in medical science by experiments on animals. The resolutions were passed by a unanimous vote.

ENCOURAGING THE GOOD WORK.—Enthusiastic meetings of homœopathic physicians are being held in Philadelphia, to aid in the raising of funds for the erection and maintenance of the new Hahnemann College Hospital. The smaller societies and clubs of the city and vicinity are also entering heartily into the support of the movement.

THE CLINIQUE, of Chicago, has been publishing recently, the portraits of some of the prominent physicians of that city. The April number contains a striking likeness of our distinguished friend, Professor George A. Hall, M. D., the surgeon of Hahnemann College of Chicago. This journal, we may say here, always contains a large amount of instructive clinical matter.

PRO VERSUS CON.—"The low estimate in which medical education in America appears to be held by some of our writers, is not only discouraging, but it is without any warrant from facts. Our methods of teaching have certain notable advantages above those of other countries; and in respect of effectiveness in practical branches, we have no occasion to be ashamed, if comparisons be fairly made."—Dr. Austin Flint, before the American Medical Association.

A COMICAL PROPOSITION.—The *Medical Tribune* (Eclectic), tells us that it has been suggested to the New York State Allopathic Society, in a paper read before that body, that physicians should not go beyond the Pharmacopœia for their therapeutic agents, and that the *New York Medical Record* sustains this view. This plan, if adopted, will of course prevent the introduction of any more new remedies upon the recommendation of allopathists. Hitherto the Philistine School while making its periodical descent upon the fields and garner of the medical Israel and taking without pay or acknowledgement whatever it could lay its hands upon, has also been willing to furnish itself an occasional remedy or indication from its own proprietary resources. Henceforth, it seems, this school is to refuse anything and everything offered unless she knows it to have been stolen, and the Pharmacopœia committee is to be authorized to do all the stealing. Thus the allopathic materia medica will become, even more than it is now, a heterogeneous, undifferentiated conglomeration of remedies and indications pillaged from the homœopathic, eclectic, and botanic systems, from old women's "receipts," from Indian herb-doctors, from proprietary medicines on which the patents have expired, from accidental "discoveries," and from the numerous other resources of "Scientific and Legitimate" Allopathy, and all these will straightway become the medicinal agencies of the "REGULAR" school.

ANECDOTE OF PROFESSOR GROSS.—The late Professor S. D. Gross was perhaps less given to unjust remarks about homœopathy than most of his professorial colleagues; nevertheless, he rarely allowed an opportunity for

criticising it or its practitioners to pass unimproved. Sometime during 1859 or 1860, in the Jefferson College, where the writer was then a student, a man was brought to the clinic from the Schuylkill coal regions with a fracture of the humerus. The injured portion of the arm had been surrounded with raw-cotton and then with four or five narrow parallel strips of plasterer's lath, and these were bound together with cords, the forearm being left uncovered. In this condition the poor fellow had been transported by rail a distance of sixty miles to reach the clinical amphitheatre. Taking in his two hands the sufferer's arm, turgid and almost black with venous congestion, the Professor said "Gentlemen, I wish to call your attention to this man's arm." Then passing him around the circle of the arena, still carefully holding the fractured member for the students' inspection, he stopped and said slowly and with measured words, "This man's arm was dressed"—here he paused and gazed intently at the "dressing" as if considering whether he had used a correct term. Then looking around upon his audience, he continued—"This man's arm was—dressed—by a—a—a homœopathic—eh,—eh,—doctor." It was all he said, but the drollery was irresistible, and in the laughter which followed, the writer, homœopathist though he was, could not refrain from joining.

New Publications.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART. By Constantin Paul, Member of the Academy of Medicine; Physician to the Lariboisière Hospital. Translated from the French. New York: William Wood and Company, 1884. Octavo, pp. vii., 335.

Paul has long been an accepted authority in cardiac diseases, and this presentation of his work on the subject, for the benefit of English and American practitioners and students cannot fail to be appreciated. This author, it seems to us, is unusually felicitous in his studies and explanations of cardiac physical signs, and the perusal of this translation is an actual enjoyment. Of course we do not expect to find much homœopathy in its pages. D.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1st, 1884. Chicago: W. T. Kenner, 1884. 8vo., pp. x., 270.

This book opens with a schedule of the minimum requirements upon which a medical college is held to be in "good standing" by the Illinois State Board of Health, this Board possessing the sole power and authority to license physicians to engage in medical practice in that state. The Board licenses *without examination* the graduates of those colleges whose preliminary and graduation requirements and course of study come up to the terms of this schedule. Graduates of other schools are licensed only after an examination by the Board has shown them to be educationally and morally qualified.

A medical college in good standing, according to this schedule is one

which requires of its students before matriculating, a credible certificate of good moral standing; and a diploma from a good literary or scientific college or High school, or, lacking this, a thorough examination in mathematics, English composition and elementary physics. It requires the study of the "old seven" branches together with pathology, gynecology, hygiene and medical jurisprudence; studies to be pursued not less than three years with two courses of lectures of not less than five months or twenty weeks each, not within one and the same year; regular attendance upon at least four-fifths of each course, and the remaining fifth also unless excused on account of personal sickness; regular quizzes by each lecturer at least twice a week; final examinations to be conducted "when practicable" by competent examiners other than the professors; dissections during two courses, and attendance during at least two terms of clinical and hospital instruction; and the college must show that it possesses a sufficient and competent corps of instructors and the necessary facilities for teaching, dissections, clinics, etc.

As this schedule has been adopted by the licensing boards of at least three other states and will doubtless be by still others, it becomes an important matter for the consideration of our colleges. There are some points in the schedule upon which we shall have some suggestions and criticisms to offer at an early day.

Next follows a detailed statement of the Medical laws and Institutions of all the States of the Union and also those of Canada. Lists of Auxiliary, Post-graduate and other special schools, and a tabulated summary close the interesting and valuable little volume. D.

UTERINE THERAPEUTICS. By Henry Minton, A.M., M.D. Published by the A. L. Chatterton Co., New York, 1884.

Part I. of this book gives the remedies arranged after the familiar plan of Dr. Bell in his work on Diarrhoea and in the older work of Bœnnighausen on whooping-cough. Part II. consists of an extensive repertory.

The readers of the *Am. Jour. of Hom. Mat. Med.* who remember the valuable continued papers of Dr. Minton published monthly in that journal, can appreciate the book under notice, which is an extension of those articles. One hundred and seventy-eight remedies are considered, whose symptoms, arranged collectively and in repertorial order, cover seven hundred pages. In these pages, are characteristics of all grades, the most important being distinguished by italics. The industrious author has ransacked the entire literature of homœopathy, and has, in addition, contributed his own extensive experience, to render his book trustworthy and invaluable.

We are well pleased with both substance and type; but our good friend must excuse us if we object to his spelling staphisagria, "staphysagria." We are continually, in writing reviews, inveighing against this error, but publishers and authors persist in their faulty ways. "Dictanus," index; "Arenea," p. 46; "Thalictorides," p. 96; "Cartex," p. 111; "Excrutiat-

ing," p. 269; "Hovat," p. 131; "Dratined," p. 158; "Carcarea," p. 300; "Madis," pp. 326, 7, 8; are all self-evident errors. We mention them merely because the author wants all blemishes reported to him.

We do not like Kali Caust. as a synonym of Causticum; we are not sure that the two are identical. Cinnabar's eye-pains should not have been omitted. Is it Dr. Minton's experience that the *Sepia menses* are "generally too early and too profuse?" Why omit the headache of *Phillandrium* (see Hughes' *Pharm.*)—the stiff neck of *Lachnanthes*—the pains from back around to pubes of *Sepia* (Dunham)? But a truce; why hunt out minute flaws, in a work so full of well-arranged, well-digested, and well-described matter as the book before us? F.

TRAITÉ ELÉMENTAIRE DE MATIÈRE MÉDICALE EXPERIMENTALE ET DE THÉRAPEUTIQUE POSITIVE. Par Le Dr. P. Jousset, Avec la collaboration des Docteurs Bon, Claude, Gabalda, Guérin-Méneville, M. Jousset, Piedvache et J. P. Tessier. Paris, Librairie J. B. Baillière et Filr, 1884.

This treatise consists of a repertory of therapeutic indications, followed by a digest of the toxicology, physiological action, and therapeutics of a long list of drugs.

Every book is supposed to have a *raison d'être*, which is, as it were, its life. Dr. Jousset gives as the reason for the existence of his book the necessity of a work combining the extensive matter of Hahnemann's books and medicines systematized in agreement with physiology and pathology. The doctor admits that Jahr's books typify the former kind and R. Hughes' the latter; but he thinks Jahr has failed in his purpose and Hughes, though he has given us a book "*la clarté et les grandes lignes*," has made it poor in details ("*les détails sont trop pauvres*").

Further, Dr. Jousset gives to his production the name "*Traité Élémentaire de Thérapeutique Positive*" instead of "*Thérapeutique Homœopathique*," because he says, there are no longer any allopathists and homœopathists, but only physicians of systematic medicine.

Homœopathy is an expression of combat, which has ceased to have its *raison d'être*! (Preface, p. ix.). So, as the word "homœopathy" has no *raison d'être*, a book must needs be published that *has a raison d'être*, and this book is one of "*Positive Therapeutics*." Surely it should be at once translated, not only into English, but into all tongues, for we are sadly in need of such a help. But let us see if title and subject-matter agree.

As we read on we note many practical thoughts; the writers are men of experience. But now and then, the word "*positive*," is, we aver, inapplicable; for instance on page 87, vol. i., we read: "*Mais l'épreuve clinique est encore à faire sur ce point.*" If this point, namely that *Æthusa* is useful in meningitis, is still to be made certain, wherein is the "*therapeutique positive*?" Are we not brought back to the law of homœopathy to find a true rendering of "*positive*"—positive when drug-effects are similar. And

if the law decides, why drop the word homœopathy, which accurately defines the law?

But there is an other kind of "positiveness" in the book, that carries it out of homœopathy over into the school of mere experimentation. On page 44, vol. ii., Dr. Jousset says that he is in the habit of giving *Flos Soli* (Sunflower) after a strong dose of quinine "pour empêcher le retour des accès" of the fever. Now, we do not dispute that the *fleur des soleil* may cure ague after quinine; but as its use is *mere* experimentation, since the provings, what few we have, show no resemblance to ague, why call such treatment "positive?"

We are not sufficiently read in French to venture a comparison between Dr. Jousset's style and that of Dr. Hughes, whose book in details is "top pauvres;" but we feel sure that the latter is just as excellent in systematic medicine, and in some respects more accurate. For instance, Jousset says that Aconite is useful in the beginning of typhoid; Hughes says, "its use in typhoid and typhus is mere waste of precious time." Now, we claim that in synthesis Dr. Hughes is correct, while Dr. Jousset, notwithstanding his "positive" therapeutics, is incorrect; both in fact and in rational conclusion; for how can one decide with the totality of symptoms before him—and such decision is in accord with synthesis—that Aconite is homœopathic to a fever which is asthenic in quality?

And, on the other hand, we feel sure that Jahr's books are unmeasurably more serviceable in *Matières Médicales*, since they include many subjective and characterizing symptoms either omitted by Jousset, or damaged by too physiological a putting.

Among the practical observations in the book are: the confirmation of Hahnemann's symptoms of *Taraxacum*, and the reference to a cure of hysterical tympany with *Taraxacum*—reiteration of *Tarentula* as curative in intermittent fever—employment of *Sabina* in hæmorrhage when rectal and vesical irritation concur, thus suggesting an analogue of *Erigeron*—the use of *Plumbum* in chronic sciatica with muscular atrophy, in epilepsy, —*Platina* in spasmus glottidis, and in the treatment of "uncorps fibreux" with hæmorrhage—*Murex* in painful, even tumefied breasts, etc.

On page 638, vol. ii., Dr. Piedvache, one of the co-editors, says that constipation is a secondary symptom in *Sepia*, and that therefore Dr. Guernsey is in error in giving constipation as a characteristic of *Sepia*. This is strange teaching and represents another point of difference we raise with Dr. Jousset. True, Hahnemann at one time rejected secondary symptoms; but later he accepted them and since his time many physicians have confirmed such effects in practice.

But, further, constipation is not a secondary symptom of *Sepia*. Several provers experienced this symptom as a primary effect.

Dr. Jousset's work, then, we can recommend as containing useful experience, much of which is new; but we cannot recommend it as a complete exponent of pure homœopathy.

F.

Cleanings.

LIGATION OF THE SUBCLAVIAN ARTERY.—Dr. Giovanni Paccini (*Gazz. degli Ospitali*) performed this operation on January 5th in Rome. The operation was done on account of a wound of the left axilla which involved the artery and vein. The boy was in a satisfactory condition, fifteen days afterwards.—*Medical News*, April 26th, 1884.

ALCOHOLIC LEG-PAINS.—Dr. T. Clifford Allbut has frequently observed "leg-pains" in hard drinkers. These pains are commoner in women than in men; they are often tibial in distribution, but occur also often about the ankles and feet. They are usually associated with cutaneous hyperæsthesia. They are nocturnal in occurrence, and as severe as those of syphilitic periostitis.—*Med. and Surg. Rep.*

TREATMENT OF CONGENITAL CEPHALHÆMATOMA.—Dr. Pinkney French recommends that both the sub-aponeurotic and the sub-pericranial forms of cephalhæmatoma be treated by aspiration. When this method is employed, the cure is usually complete at the expiration of six days.—*Archiv. Pediat.*

ON THE YELLOW PIGMENT FOUND IN THE INTESTINES IN CASES OF ARSENICAL POISONING.—Heretofore it has been claimed that the yellow pigment above referred to was made up of the Sulphide of arsenic. Experiments recently made by J. Campbell Brown, D.Sc., and Edward Davis, F.C.S., would seem to show that such is not the case, inasmuch as the pigment contains but little Arsenic. The addition of Sulphuric acid and pure sugar gave the violet-purple tint characteristic of Pettenkofer's test. The coloring-matter appears, therefore, to resemble one of the products of decomposition of bile pigment.—*Med. Times and Gaz.*

TREATMENT OF GONORRHOEA.—Dr. S. C. Gordon of Portland, Me., gives the following summary of the results of the treatment of gonorrhœa by the hot-water douche. 1. He confidently expects to abort, in from three to five days, a large majority of cases that were treated as soon as the well-known symptoms appeared. In these cases, the injection should be used as *hot as it can possibly be borne*,—three or four times in twenty-four hours; at least two quarts should be used each time. 2. In cases of ten days or two weeks' duration (at which time the inflammatory process has ended), most of the trouble can be relieved in a few days. The suffering so characteristic of that stage, will usually pass away in twenty-four hours. In this class of cases also, the water should be very hot. 3. When two or three days have elapsed before the patient is seen, he does not expect to do as much as in the former classes. Even here much may be done by the external use of very hot water, and the careful, gentle use of the fountain syringe filled with *simple warm water* at about the temperature of the body, or less. This promotes cleanliness and is a sedative.—*N. Y. Med. Journ.*, April 19th, 1884.

DUPUYTREN'S FINGER CONTRACTION; ITS NERVOUS ORIGIN.—From a somewhat extended personal experience and a careful study of the cases which have been under his charge, Abbé ventures to assume the following working hypothesis as capable of explaining fully the symptoms observed in this disease: First, a slight traumatism, often entirely forgotten. Second, a spinal impression, produced by this peripheral irritation. Third, a reflex influence to the part originally hurt, producing insensible hyperæmia, nutritive tissue disturbances, and new growth, shown in the contracting bands of fascia and occasional joint-lesions resembling subacute rheumatism. Fourth, through the tense contractions, a secondary series of reflex symptoms, neuralgias and general systemic disturbance. One of Dr. Abbé's pa-

tients had been under the charge of a distinguished neurologist for the relief of a distressing pain in his back, his fingers then being considered a secondary matter. A spinal lesion, probably a pachymeningitis was diagnosed. The actual canter and electricity were employed without permanent relief. Division of the tense bands and reduction of the deformity, was followed by complete and permanent relief of the rachialgia.—*N. Y. Med. Journ.*, April 26th, 1884.

VARIATIONS AND DISAPPEARANCE OF CARDIAC MURMURS.—Dr. Greves (*Liverpool Medico-Chirurgical Journal*) writes concerning the variations and changes so often observed in certain cardiac murmurs, dependent on definite cardiac lesions. He relates the histories of several cases from a study of which he draws the following conclusions: (1.) Although murmurs are among the most constant physical signs of heart-disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed upon the presence or absence of murmurs, but other symptoms must receive careful consideration, for often on them alone is it possible to form a correct diagnosis. (2.) The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. (3.) Tricuspid regurgitation is occasionally a temporary condition due to bronchitis, etc., and when the cause is removed this condition is recovered from, as is indicated by the disappearance of the murmurs. (4.) Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. (5.) Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases, a systolic aortic bruit is always present and remains persistent, thus indicating the existence of a lesion. (6.) Pulmonary systolic murmurs are persistent when due to an organic lesion, but if non-organic, may disappear temporarily or permanently.—*Med. Record*, April 19th, 1884.

LUMLEIAN LECTURES ON THE ETIOLOGY OF PHTHISIS.—Dr. J. Andrews summed up his arguments with respect to the etiology of phthisis with special reference to its contagiousness as follows: 1. The historico-geographical argument is insufficient to prove that the present distribution of phthisis has been brought by the carriage along lines of human intercourse of a special morbid germ. Indeed many of the facts under this head are distinctly antagonistic to any such theory. 2. Before the discovery of the bacillus, one and all of the reputed causes of phthisis, were inadequate to account for its distribution or for the anatomical and clinical characters of the disease. 3. That these causes, even those among them, which appeared to act as exciting causes, were all predisposing causes only. 4. That from the nature of these predisposing causes, their relation to each other, and the conditions under which their influence seems to make itself felt, it was a probable inference that phthisis belonged to the group of specific febrile diseases, and that this view was held by some writers in the face of many difficulties and perplexities. 5. That the facts on which this inference was based were insufficient to prove that phthisis was personally contagious, and were indeed, opposed to any such notion. 6. That the discovery of the bacillus proved that phthisis was a specific febrile disease, and that the question of contagion cannot now be usefully discussed without acknowledging this fact. 7. That as some specific febrile diseases are contagious and others are not so, this property existing in very different degrees and modes, in

different members of the group, the question of the contagiousness of phthisis, can only be satisfactorily answered by direct evidence of its contagiousness and by determining its affinities with other members of the group. 8. That although phthisis may be undoubtedly produced in many ways, experimentally in animals and also probably in man, there is not sufficient evidence to prove that its prevalence is materially by direct contagion. 9. That in many most important respects, it very closely resembles ague. 10. That it is at least highly probable that the exciting cause of phthisis, like that of ague, be it the bacillus or some other micro-organism, is in no way dependent upon man for its existence, and is widely diffused irrespective of human agency. "From these facts," said Dr. Andrew, "I may be allowed to make one short practical deduction, viz., that the prevention of phthisis, like that of ague is to be attained by sanitary works, especially of improved ventilation and drainage, and not by isolation. And that for its cure, as we should not send a case of ague to the Pontine marshes, so, too, it would be wise not to send a case of tubercular disease to any place where the death-rate from phthisis is high among the native population."—*Medical Times and Gazette*, April 12th, 1884.

IRRITATION OF THE SEXUAL APPARATUS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF NASAL DISEASE.—The intimate relationship between the genital organs and those of the throat and neck attracted the attention of the ancients. To render this relationship intelligible Dr. John N. Mackenzie recalls the anatomical fact that in man, covering the inferior and middle turbinated bones and a portion of the septum, is a structure which is essentially the anatomical analogue of the erectile tissue of the penis. As the result of psychical impressions, erection of this tissue takes place, the dilatation of its cells being, in all probability, under the direct dominion of vaso-motor nerves derived through the sphenopalatine ganglion. That an intimate physiological relationship exists between certain portions of the reproductive system and the erectile nasal tissue is sufficiently evident from the following facts: (1.) That in a certain proportion of women, whose nasal organs are healthy, engorgement of the nasal cavernous tissue occurs with unvarying regularity during the menstrual epoch. (2.) The presence of vicarious nasal menstruation. (3.) The well-known sympathy between the erectile portions of the generative tract and other erectile structures of the body. (4.) The occasional dependence of phenomena, referable to the nose during sexual excitement, either from the operation of a physiological process, the erythema, produced by amorous contact with the opposite sex or during the consummation of the copulative act. (5.) By the occasional dependence of genito-urinary irritation upon affections of the nasal passages. The following data derived from personal clinical observation, may possibly throw some light upon the subject.

(1.) In a fair proportion of women suffering from nasal affections, the disease is greatly aggravated during the menstrual epoch or when under the influence of sexual excitement. (2.) Excessive sexual indulgence seems to have a tendency to initiate inflammation of the nasal-mucous membrane or to aggravate existing disease of that structure. (3.) The same is true in regard to the confirmed habit of masturbation. (4.) The coexistence of uterine or ovarian disease, exerts sometimes an important influence on the clinical history of nasal inflammation. This fact has been illustrated in practice, in cases in which the nasal affection has resisted stubbornly all treatment, and in which it has only been relieved upon the recognition and appropriate treatment of disease of the generative apparatus.—*Amer. Journ. Med. Sc.*, April, 1884.

LUPUS AND ITS RELATION TO TUBERCULOSIS.—It is still an open question and at present a much-mooted one, whether lupus is not a local tuber-

culosis. Friedlander, Volkman, and many other authorities state decidedly that it is; while Virchow, with many others agreeing, thinks that it is not. Koch's discovery of the tubercle bacillus is now being used as a factor in the determination of the nature of these two diseases. It is, with special reference to this point, that Dr. Morison has pursued his investigations. He states that Demme and Pfeiffer have examined specimens of lupus and have found the bacilli in very small numbers. Malassez failed to find bacilli in the specimen examined by him. Cornil and Leloir made ten experiments by inoculating animals with lupus material. All the experiments were negative excepting three. Dr. Morison's own cases, ten in number, gave no evidence after the most searching examination of the existence of the tubercle bacilli.—*Amer. Journ. of Med. Sciences*, April, 1884.

HÆMORRHAGE FROM THE INTERNAL CAROTID ARTERY SUBSEQUENT TO SUPPURATIVE TONSILLITIS.—Mr. Bernard Pitts reports the case of a patient, who, after the spontaneous opening of a suppurating tonsil, had several profuse hæmorrhages, which rendered ligature of the left common carotid artery necessary. The operation was followed by recurrence of the hæmorrhage and death in thirty hours. A post-mortem examination revealed an abscess cavity with an opening in the posterior surface of the left tonsil exposing the internal carotid artery.—*St. Thomas's Hospital Reports*, Vol. XIII.

DISTURBANCE OF FUNCTION IN THE EYES AFTER DIPHTHERIA OF THE FAUCES.—Haschel (*Arch. f. Kinderh.*) remarks that Donders was the first to refer to a paresis of accommodation which sometimes occurs after diphtheria. The region of invasion is limited to the terminal nerve-fibres in the ciliary muscle, the pupil being only rarely affected. He continues that he has often observed in children who have suffered with diphtheria, that after their return to school, they are very apt to complain of the swimming of objects before their eyes, together with heat and pain in the forehead. In the case of a girl ten years of age, he was able to study the phenomena of this process from beginning to end. The media of the eye remained unaffected, and in a few weeks the diseased portion was restored to a normal condition. Investigations with the Forster perimeter in twelve cases of accommodation disturbance after diphtheria, gave narrowing of the field of vision in five cases. In all, however, there was wanting, as a differentiating factor from hyperæsthesia of the retina, sensitiveness to brilliant illumination, subjective phenomena as to light and color; fatigue from slight exertion and certain general symptoms.—*Arch. Pediatrics*, April 15th, 1884.

POISONING FROM THE BITE OF THE COPPERHEAD (*Ancistrodon Contortrix*).—Dr. H. C. Yarrow of Washington, D. C., reports the following case of bite by a copperhead. The bite was on one of his fingers. On the following day he had uneasy sensations in finger. That night he had sensation of pain creeping up the arm. He had headache, was feverish and nervous. On the third day, the arm became much inflamed on the outer aspect, just above the elbow. In the evening, he was suffering intense pain. About an hour after retiring, he had a chill followed by slight fever; this was accompanied by pain on the inside of the elbow extending up the arm to the axilla. In about half an hour, a second chill occurred. The arm became swollen and intensely painful. Headache, vertigo, and nausea continued. The face was drawn and anxious; complexion clay-colored; eyes watery, conjunctivæ injected. On the sixth day, red lines were seen extending along the inside of the arm to the axilla, and the axillary glands were enlarged. The swelling was extending itself towards both the shoulder and the wrist. On the eighth day, the whole arm, fore-arm and hand, were twice the natural size and of a reddish-purple color; the skin and underlying tissues felt

cedematous and boggy. There was a heavy throbbing uncomfortable sensation, but no acute or burning pain. On different parts of the limbs, were large blebs filled with muddy serum. Were it not for the history of snake-bite, the author says that it might be supposed that the case was one of phlegmonous erysipelas. The pulse was slow, weak and compressible. On the tenth day, an abscess near the elbow was opened, and nearly a pint of thin, bloody pus discharged. After this, the symptoms gradually began to subside. A number of small and superficial abscesses formed and discharged. The cavities of the abscesses on the forearm sloughed slightly. An examination of the blood drawn from the unaffected hand, showed it to be of a brownish-red color. The red corpuscles were in most cases crenated, and showed an entire absence of disposition to form in rouleaux. The white corpuscles were relatively rather numerous and grouped. It was a long time before the cure was complete. Towards the last, the patient mentioned a curious excess of sensitiveness in the tips of the fingers of the affected limb; everything he touched seemed to be much enlarged. From the numerous cases of bite by the copperhead, Dr. Yarrow has selected some of the most typical, and introduced them into his paper. Among the symptoms observed in these cases, have been diarrhœa, gangrene and sloughing of the affected parts, chills, nervous prostration, hæmorrhages from the nose, mouth, lungs, vagina and uterus, hæmaturia, and tendency of wounds to bleed much. The most interesting and singular fact in connection with some of the case, is the tendency to a recurrence of certain symptoms at varying periods after many years.—*Amer. Journ. Med. Sc.*, April, 1854.

ON ETHERIZATION BY THE RECTUM.—This mode of etherization was first introduced by Mollier, and brought to the attention of the profession in the *Lyon Medical* of March 30th. Since then, Dr. William T. Bull has made several experiments with the method. The mode of administration was the same in every instance. The ether (Squibb's), was contained in a bottle, which was connected by rubber tubing (eighteen inches to two feet in length), with the vaginal nozzle of a Davidson syringe. The tube was introduced into the rectum, and the bottle placed in a vessel containing water at a temperature varying from 120° to 140° F. The ether boiled actively when the bottle was first immersed, and its vapor was given off freely; but at the expiration of five or ten minutes the boiling almost ceased, when it was found necessary to add hotter water to reproduce it. Some patients were prepared by withholding food for six or eight hours, and in one or two, the bowels were moved by enema before etherization. This method was followed in seventeen cases. As a rule, a much longer time is required to produce anæsthesia than by inhalation. In some cases, it was impossible to etherize without the aid of inhalation. The patients are free from the disagreeable odor, and the still more disagreeable sense of strangulation. Seven out of the seventeen patients had loose passages, containing blood in two instances. In all cases, the bowels were distended by gas, but this was not generally painful. Dr. Robert T. Weir also gives his experience with rectal etherization, and warns the profession against the dangers of the method. The number of cases of diarrhœa met with by Dr. Bull, shows that ether is an irritant to the intestine. In one case of Dr. Weir's, that of a child aged eight months, diarrhœa set in with large and bloody passages, and the child died the following morning.—*Medical Record*, May 3d, 1884.

BORO-GLYCERIDE IN THE TREATMENT OF CONJUNCTIVITIS TRACHOMATOSA (ARLT); OPTHALMIA CONTAGIOSA OF ASYLUMS.—The method for the preparation of boro-glyceride for use is, when freshly made, to add to it glycerin in the proportion to make a fifty per cent. solution. This makes a preparation of the consistency of honey. The ointment of boro-glyceride is made after the following formula:

R. Sol. boro-glyceride, 50 per cent., . . .	℥ij.
Gelat. Petrolii,	℥vj.
Olei rosar,	q. s. ft. Ungt.—M.

Dr. Charles S. Turnbull of Philadelphia, has made use of these preparations of boro-glyceride in an epidemic of contagious ophthalmia in St. Joseph's Orphan Asylum. The eyes were carefully cleansed, and all sanitary precautions observed. Then a solution of fifty per cent. boro-glyceride, f ℥i. to water, f ℥viii. was applied to the eye. The "ointment of the boro-glyceride" was used at bedtime, a small scrap being put into each eye. The average time of treatment was two months. Slight pannus and superficial corneal ulceration occurred in but one case. When he considers the history, course and sequel of this baneful disease, which often runs a course of from two to three, or even ten years, Dr. Turnbull is confident that in the fifty per cent. boro-glyceride we have secured a most valuable addition to our list of local therapeutic agents.—*Archiv. Ophthalmol.*, March, 1884.

PERICARDITIS IN CHILDREN.—While rheumatism in children assumes altogether a milder form and more subacute character than is usually seen in young adults, in proportion to its frequency, it gives rise to as much heart-disease as, if not more than, the rheumatism of adults. Rheumatism is of rare occurrence in children of less than two years of age. Pericarditis may arise in infants from other than rheumatic causes; for example, it may be due to a septicemic condition in newly-born children following phlebitis, or absorption of putrid-material from the cord. It also follows suppurative periostitis and otitis in young children, and occurs in connection with tuberculosis of serous membranes in infants. In still other cases, it may be idiopathic. Pericardial effusions much more frequently become purulent in children than in adults. Pericarditis occurring in children over three or four years of age, is more frequently of rheumatic origin than otherwise, although cases associated with pleuro-pneumonia or empyema are not uncommon. Pericarditis, both acute and chronic, may extend beyond the serous membrane lining the pericardial sac, and involve the pleural surfaces of the anterior edges of the lungs, the mediastinal glands, and other organs in the immediate neighborhood. The earlier symptoms of such cases consist in a feeble circulation, enlargement of the liver and ascites, and they are apt to be mistaken for primary hypertrophic cirrhosis of the liver or amyloid disease. After awhile, other signs of compression of the large vessels in the thorax ensue, œdema of the face, feet, arms, distension of the veins of the neck, orthopnoea and cyanosis. There is no evidence of cardiac hypertrophy or valvular disease, but serum tends to accumulate in the peritoneal and pleural cavities in spite of frequent tapplings. The obstructed return circulation in these cases is due to a cicatrizing process, which goes on in the mediastinum. The first organ to be affected is the liver. Finally, the veins of other parts of the body feel the obstructing power. *Lancet*, March 29th, and April 5th, 1884.

SUPER-ALIMENTATION, ARTIFICIAL ALIMENTATION AND LAVAGE, AND THE EMPLOYMENT OF ALIMENTARY POWDERS ACCORDING TO THE METHOD OF DEBOVE.—The system of treatment of numerous chronic diseases by the method indicated in the foregoing title, is certainly a most valuable addition to the therapeutic art. The essential features of Dr. Debove's system may be mentioned as: Artificial alimentation by the œsophageal sound (*Lavage*). Super-alimentation or alimentation by considerable doses of aliment, which, according to Debove can be affected only by the sound and *Lavage* (washing or rinsing the stomach). The comprehension of the utility of artificial and super-alimentation involves the recognition of some commonplace facts,—namely: that certain diseases destroy by inanition—that without the constant formation in a certain abundance of the pro-

ducts of assimilation to replace wasted elements and tissues, life cannot be sustained; and that in many ailments, where life is waning, there is often a duplex condition of inanition and disease of such a character as to make it difficult to discriminate whether it be inanition or the disease which is destroying the patient. In pathological conditions, as well as in functional derangements, the appetite may undergo a variety of disturbances from anorexia and nausea, to vomiting upon the prehension of food. These enfeeble the patient and deliver him, without defense, to his malady. Often, it is the cause of disease, and the malady existing contributes to its maintenance. In cases in which it is necessary to preserve a condition of good nutrition, and in which insurmountable anorexia exists, Debove recommends that we resort to artificial alimentation. The aliment usually employed by him is the powder of the muscular fibre of beef, this being mixed with milk or hot water, so as to be of about the consistence of cream. Upon the excellence of the powder employed, and its proper preparation when administered, depends most of all, the success of the treatment. The two methods of administration consist in direct and forced alimentation. By the former method, the food being given as any other food would be, with certain precautions and restrictions; by the latter, the food being introduced into the stomach by the artificial tube, or soun,—this being employed when anorexia, nausea or vomiting exist to such an extent that nourishment cannot otherwise be taken. The class of aliments to which these methods are suitable are those characterized by emaciation from non-assimilation of food, chronic diarrhœas, nausea and vomiting, unless dependent on organic disease of the stomach and sometimes even then; the vomiting of pregnancy, chlorosis, and anæmia, nervous maladies dependent on these, and in various conditions of exhaustion, and above all, phthisis pulmonalis. Under the influence of super-alimentation in phthisis, sweatings cease, cough and expectoration diminish and then disappear, patients gain in weight, the strength returns and the physical signs are modified. Fever is a contra-indication unless it comes on in evening exacerbation. Debove employs for the introduction of the mixture into the stomach, a soft elastic tube about three-quarters of an inch in diameter and having at the bottom two fenestra; this part of the tube is twenty-two inches in length; at the opposite extremity, there is a joint, and the tube after this, is of a softer consistence, this part being thirty-nine inches long and terminating in a funnel-like expansion; into this end a large glass funnel is placed into which the liquid is poured. This tube can be employed for rinsing the stomach, as it acts on the principle of the siphon. It is necessary to await the subsidence of the nausea which the introduction of the tube provokes before introducing the alimentary mixture. In the first part of the treatment, a small portion of the food may be rejected. In preparing the powder, beef as free as possible from fat is selected, separating it from the tendinous portions and passing it through a chopping machine, making a coarse paste, which was then spread on plates and dried in stoves at a temperature of 226° F. The beef hardened by drying, is triturated in a mortar and then passed through a fine sieve. The powder thus prepared is impalpable, dry and can be preserved indefinitely, if carefully kept from humidity, and is almost without odor. To make one pound of the powder, about six pounds of beef are required. The essentials of purity and freedom from disagreeable taste and odor are important, especially when the powders are used for direct alimentation. Debove employs the *poudre de viande de Favrot*,* which is certainly the best preparation. This powder is digested three times as rapidly as chopped beef. Its extreme divisibility facilitates the impregnation of the smallest particles by the gastric juice. The simplest excipient which can be used is evidently water. If this be employed, it should be dropped hot or cold upon the powder, and

* This we have obtained of Bullock & Crenshaw of this city.—Eds.

stirred or pressed with the spoon so as to make a homogeneous paste; the water can then be added little by little until the mixture is of the consistence of cream. If these precautions be not taken, the mixture contains fine lumps, more difficult of digestion and distasteful to the patient. Powdered sugar may then be added to suit the taste, and the mixture flavored with a little cognac, essence of punch or vanilla. The powder may also be prepared with milk. Its use may be commenced in moderate doses, as for instance, 10 to 25 grammes in the morning. Should the patient be unable to digest other food, as much as 300 grammes can be taken daily. After thus describing the method of Debove, Dr. H. B. Millard then proceeds to describe the results of his own application of the treatment to individual cases, under his care (mainly of phthisis) in which more than satisfactory results were obtained.—*N. Y. Med. Journ.*, April 19th and 26th, and May 10th, 1884.


ON AN OPERATION FOR THE CORRECTION OF SECONDARY DIVERGENT SQUINT.—Impressed with the defects of the operation hitherto performed for the relief of this deformity, Mr. John Tweedy has devised and practiced the following operation in these cases. This operation consists of ten stages as follows: 1. The lids being kept apart with a speculum, a fine silk thread is inserted into the conjunctiva and episcleral tissue, in a line with the horizontal diameter of the cornea, and about one-sixteenth of an inch from the inner margin of the cornea. The ends of the thread are left long with the needle attached. (The preliminary insertion of this thread marks, and afterwards indicates the horizontal meridian of the eye-ball, and still later serves as a suture for the middle of the rectus muscle.) 2. Next, a crescentic incision is made immediately to the nasal side of the thread, and through the conjunctiva only. 3. The conjunctiva is then gently detached from the underlying capsule towards the caruncle, but only far enough to expose the insertion of the rectus muscle; not to strip the muscle. 4. A strabismus hook is then passed under the muscle. 5. While the hook is in position, fine silk threads are attached to the upper and lower borders of the muscle and left long. 6. The hold of the thread having been tested by gentle traction, the muscle is divided on the hook. (The operator is now sure that he has secured the tendon.) 7. The muscle is then carefully raised by means of the threads, and any remaining attachments of the muscle to the globe completely divided. 8. The needle attached to the thread at the inner border of the cornea is passed through the middle of the divided muscle from within outwards, and in such a way as to penetrate the muscle and its sheath, and overlying conjunctiva. (By including the sheath and conjunctiva, not only is a firmer attachment obtained, but the relations of the muscle and its sheath are as far as possible preserved, at the same time that the sunken caruncle is raised by bringing the conjunctiva forwards.) 9. The needles attached to the threads at the upper and lower borders of the muscle, are now insinuated into the episcleral tissue and made to emerge on the surface of the conjunctiva at about one-eighth of an inch from the upper and lower margins of the cornea respectively. This gives a broad and fan-like attachment to the muscle. 10. The external rectus is now freely divided subconjunctivally, and then while an assistant rotates the eye-ball upwards, the corresponding ends of the three sutures are closely and firmly tied and cut short. Should shortening of the internal rectus muscle, or removal of redundant conjunctiva be deemed necessary, it may be done just before the ninth stage. To insure a complete and permanent result, there should be some convergence of the eye immediately after the operation, and no attempt should be made to exercise the muscle for a week afterwards.—*Lancet*, March 22d, 1884.

PILOCARPINE IN THE TREATMENT OF DEAFNESS.—For all recent cases of deafness due to labyrinthine disturbances, whatever the primary causes

may have been, Politzer tries the subcutaneous injection of a two per cent. solution of the muriate of pilocarpine. He injects four drops at first, and gradually increases the dose to ten drops daily. He gets fairly good results in about one-half of the cases. Three cases of persons totally deaf, who, after being treated in this way, could hear and understand loud speech, spoken at the distance of a few inches from the ear; and Politzer has had one case of perfect recovery of the hearing after it has been absent for three years, and several other very satisfactory results following the use of this drug.—*Medical Record*, April 26th, 1884.

COMEDONES IN CHILDREN.—Dr. H. Radcliffe Crocker holds that comedones in children differ from those of adults in being mainly dependent on local causes, on their greater tendency to group and to be more closely set, in their involving the hairy scalp, and finally to their being generally readily amenable to treatment, all that is usually required being friction with a weak soft-soap and spirit liniment, or a weak sulphur application may be employed in mild cases, preceded by fomentation with very hot water.—*Lancet*, April 19th, 1884.

News, Etc.

 *News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.*

LOCATED.—C. W. Weaver, M.D. (Hahn '84), at New Oxford, Adams county, Pa.

REMOVED.—Wallace McGeorge, M.D., from Woodbury, N. J., to 1921 Chestnut Street, Philadelphia, Pa.

WELL-MERITED HONORS.—At the Tercentenary Festival of the University of Edinburgh, the degree of L.L.D. was conferred upon a large number of men distinguished in science and literature, and among them were Professor S. D. Gross, M.D., of Philadelphia, since deceased; Fordyce Barker, M.D., of New York; and John S. Billings, M.D., of the surgeon-general's office, U. S. Army.

HEALTH OF PUBLIC SCHOOLS.—The Sanitary Committee of the Philadelphia Board of Health has been investigating the condition of some of the school buildings in the city. In their report, the committee state that the examinations, so far as they have progressed, disclose the fact that in a very large number of instances the public schools are supplied with a system of drainage which is faulty in design and badly managed, and, therefore, unsuited to the needs of these institutions. The most common arrangement met with is the old-fashioned privy vault of large capacity and without ventilation, and constructed in such a manner as to allow as much as possible of the contents to soak into the ground. In some instances the wells have been connected with the common sewer by means of an overflow pipe, the object being to avoid the necessity of cleansing. Into these wells in some cases the drainage-pipes from the school buildings have been diverted, the water-closets and wash-basins in the interior of the buildings being thus directly connected with the wells, oftentimes without the protection of an intervening trap. In a number of cases the drainage arrange-

ments in the interior of the buildings were found to be of the most faulty character. The wash-basins were without traps, and the closets faulty in construction. These things constitute nuisances of a very serious character, which imperil the health of the occupants of the buildings, and should not be tolerated for a day.

In the interest of health and comfort, a radical reconstruction of the drainage arrangements, in conformity with the principles of sanitary drainage, is urgently demanded. This should be conducted under the personal supervision of a competent engineer. The storage of excreta upon the premises, where a sewer is accessible, should be abandoned. When a sewer is not accessible, the cess-pools should be small in capacity, water-tight, effectively ventilated, and frequently emptied and disinfected.

THE INDIANA INSTITUTE OF HOMŒOPATHY held its eighteenth annual session, in Indianapolis, on Wednesday and Thursday, April 30th and May 1st. Dr. M. T. Runnells, of Indianapolis, presided, and in his address made an excellent presentation of the progress and present advanced condition of homœopathy in Indiana, as well as in the civilized world at large. The Bureau reports contained a number of valuable papers, the report on gynecology being particularly full, and the subjects well considered. The same might be said of the report on obstetrics. Dr. J. S. Mitchell, of Chicago, read an interesting paper on "Tricuspid Regurgitation," and cited a few cases of this unusual condition which had come under his own observations. Officers for the ensuing year were elected as follows:

President.—W. H. Thomas, M.D., of Elkhart.

First Vice-President.—E. Z. Cole, M.D., Michigan City.

Second Vice-President.—J. A. Compton, M.D., Indianapolis.

Secretary.—J. D. George, M.D., Franklin.

Treasurer.—J. R. Haines, M.D., Indianapolis.

Censors.—Drs. W. R. Elder, Terre Haute; J. N. Taylor, Crawfordsville; J. H. Needham, New Albany; T. C. Hunter, Wabash; F. L. Davis, Evansville.

The Illinois Society was represented by Dr. J. S. Mitchell, of Chicago, and the Wisconsin State Society, by Dr. J. T. Boyd. Letters were read from Drs. I. T. Talbot, of Boston; O. P. Baer, of Richmond, Ind.; W. C. Richardson, of St. Louis; M. M. Eaton, G. C. McDermott, and William Owens, of Cincinnati; C. H. Vilas, J. H. Buffum, and A. W. Woodward, of Chicago; J. P. Dake, of Nashville, and A. A. Camp, of Minneapolis.

POST-MORTEM EXAMINATIONS AT THE PHILADELPHIA ALMSHOUSE.—Quite recently the superintendent of the Philadelphia Almshouse refused to permit a post-mortem dissection upon a man who died of congestion of the lungs, and the resident physician in attendance declined to certify to the cause of death except upon the corroborative evidence of an autopsy. This complication, of course, threw the case into the coroner's hands, and an investigation by the Hospital Committee speedily revealed the true inwardness of the whole difficulty. Superintendent Smith said there had recently been, altogether, too many "post-mortem dissections" in the institution. In the first three weeks of May, the superintendent stated that out of forty-five deaths there had been twenty autopsies. The Anatomical Association had complained that bodies received from the almshouse were so much cut up as to be unfit for the dissecting-rooms. He had done what he could to put a stop to this wholesale carving, but he was "satisfied that orders for the autopsies were signed in blank by the medical staff, and when a patient died the young resident physicians filled an order up and demanded an autopsy." Dr. Biddle, a member of the Hospital Committee of the Board of Guardians, on hearing the superintendent's statement, said that such conduct was inexcusable and must be stopped.

The Anatomical Association is an organization acting under the authority of law, and composed of representatives of the medical and dental schools of the State. This association is empowered to demand and receive certain unclaimed bodies from the public institutions of the State of Pennsylvania, said bodies to be used by the schools in the education of their students. The framers of the statute undoubtedly intended that this anatomical material should pass into the possession of the colleges prior to, and not *after* dissection; and, unless we mistake the character of Dr. Biddle, the young residents of "Blockley" will be required to keep their "posting" proclivities within narrower restraints. To admit the need of autopsies in forty-four per cent. of the cases dying in an almshouse hospital, is equivalent to asserting that the attending physicians are grossly incompetent.

DEATH OF PROFESSOR GROSS.—Samuel D. Gross, M.D., Jefferson, L.L.D., Univ. of Penna., L.L.D., Cantab., L.L.D., Edinburgh, D.C.L., Oxon., departed this life on the sixth of May, 1884, at his residence S. E. cor. 11th and Walnut streets, Philadelphia, aged nearly 79 years. From an extended notice of the distinguished deceased in the *Medical News* we learn that he was born near Easton, Pa., July 8th, 1805, received his early education in the Academy at Wilkesbarre, Pa., and the high school at Lawrence, N. J., studied medicine with Dr. J. K. Swift of Easton, and afterwards with Professor George McClellan of Philadelphia, graduated from Jefferson College in 1828, settled in Philadelphia, translated various works from the French and German upon anatomy, obstetrics, surgery, etc., and in 1830, only two years after receiving his degree, brought out his *Treatise on the Anatomy, Physiology, and Diseases and Injuries of the Bones and Joints*, in which, for the first time, attention was called to the use of adhesive plasters as a means of extension in the treatment of fractures of the lower extremity. In 1833 he became Demonstrator of Anatomy in the Medical College of Ohio, and two years later, Professor of Pathological Anatomy in the Cincinnati Medical College, where he delivered the first systematic course of lectures on morbid anatomy ever given in the United States. In 1839 he published his work on the *Elements of Pathological Anatomy*, and the same year was called to the professorship of surgery in the University of Louisville, Ky., where he remained until in 1850 he was elected to a similar chair in the University of New York. Here he remained but one year, and returned to Louisville. In 1856 he was elected Professor of Surgery in the Jefferson Medical College to succeed the distinguished Mütter, who had resigned on account of failing health. In this honorable and responsible position he remained until 1882, having taught surgery for forty-two years, and aided in the education of thousands of physicians.

Besides the works mentioned, Professor Gross also published an *Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the Intestines*, a *Treatise on the Urinary Organs*, and a *Treatise on Foreign Bodies in the Air Passages*, besides numerous other treatises and essays in *Journals and Transactions*. His crowning work is his *System of Surgery* issued in 1857, and which has passed through six editions.

Professor Gross was an active worker in medical societies, and personally founded three important organizations, viz.: the Pathological Society and the Academy of Surgery, both of Philadelphia, and the American Surgical Association. Besides being the first president of each of these, he was also president of the American Medical Association in 1868, and of the Centennial International Medical Congress in 1876.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.

SANITARY GLEANINGS.

BY

BUSHROD W. JAMES, A.M.

Philadelphia, June, 1884.

Editorial.

A FEW HINTS ABOUT VENTILATION.—Everything taken into consideration, ventilation is one of the most difficult of all sanitary problems. This may be appreciated when it is remembered that the object in ventilating is not only to remove the foul emanations, but to keep up the circulation of a constant supply of fresh pure atmosphere. In large public buildings, such as hospitals, it has been pretty thoroughly demonstrated that a mechanical fan, or some such instrument, is necessary to drive fresh air, either warmed or cooled, into the wards to prevent the volume in the room from stagnating, and also to force away the carbonized air. In private dwellings, however, simpler means suffice. If fire-places are properly arranged, we believe that they are in themselves useful for ventilating purposes. They should be built, however, so as not to create a draught, and it would be well not to have any doors directly in front. And it must be remembered that the fire-place is for the *removal of foul air*, the *fresh air* coming through some well-constructed apparatus in the room not too near the fire-place.

A very simple contrivance is in use in many families, which we commend as useful and easy to obtain. A narrow piece of wood is placed under the lower part of the frame of the window, leaving a narrow opening between the sash, through which the air is admitted in an upward direction. There are several such appliances in the market. In purchasing these the householder should remember that the air must be ad-

mitted at such an angle as that it will not strike upon the inmates of the room. Any arrangement which fails in this respect, is not only deficient, but very harmful.

It must be borne in mind that a building heated by steam, with radiators in the rooms, is difficult to ventilate properly; and, again, that a large room heated by a *stove* is also unsatisfactory, one part being much more under the calorific influence than another—a state of affairs which necessarily retards good ventilation. A furnace, then, is one of the best means of supplying to small dwellings both heat and ventilation at the same time, the latter being secured by an air-duct at a sufficient distance from the ground to avoid the low-lying stratum of foul air.

Every heating apparatus with very few exceptions should be constructed so as to supply oxygenized air as well as heat.

It is well to place a porous jar full of water in front of the registers in sleeping and living rooms, if no other moisture supply is provided in cold weather. Thus, the dryness of the room, which, despite our best-directed efforts to prevent it, becomes at times almost overpowering, is antidoted by a liberal evaporation from the water.

In conclusion, a good word should be said for the incandescent lights, which are as yet the only artificial means of illumination satisfactory on thorough sanitary grounds. *Carbonic oxide gas is poisonous*, and any great amount of carbonic acid in a room is hurtful.

In the electric lights, as in no other, the deleterious products of combustion are avoided in the room. Says Dr. Corfield, in his book on "Health:" "A man in a room with two sperm candles burning, requires twice the amount of fresh air that he would if he were by himself." The same may be said of lamps and of gas. Therefore, to increase the best possibilities for ventilation, you must destroy the products of combustion in a room—a thing most happily accomplished by the incandescent lights now coming into use.

CREMATION.—The cremation of the bodies of some well-known and respected scientists, within the last few months, has directed the attention of thinking people once more to this means of disposal of the dead. We recapitulate here some of the reasons offered in its behalf.

In the first place, the putridity of decaying bodies seriously affects the soil and water-supply. Cemeteries are scarcely ever laid out with a view towards the avoidance of these defects. The water-supplies of the village or town are too fre-

quently the wells into which the drainage from the cemeteries flows. A committee of London scientists in 1849, gave it as their official opinion, that "the placing of the dead body in a grave, and covering it with a few feet of earth, does not prevent the gases generated by decomposition, together with putrescent matter which they hold in suspension, from permeating the surrounding soil and escaping into the water beneath and the air above." In crowded districts, and especially among the poor, the evil effects of such decomposition are only too manifest. In London, it is reported that over 1,500,000 bodies have, within thirty years, been buried in a space of 318 acres. Epidemic diseases are common in the neighborhood of such cemeteries. Cremation avoids all this.

A common objection to cremation is that it is taking the body out of Nature's hands, and assuming control over it with our own. This is hardly worthy of an intelligent man's thought. Cremation only *hastens* what burial would bring about *slowly*, *i.e.*, decomposition, and hastens it in such a way that its harmful products are destroyed. While living, we help nature in every possibly way. When dead, why should our assistance die also? Cremation does not *interfere* with Nature's laws; it merely helps them to their quicker consummation. Again, it is essentially a *clean* process. The idea of purgatory doubtless sprang from the necessity of cleansing fires through which the soul must pass before it is meet for heaven. Fire is cleansing, and the theological belief found its strength in what it knew (not by faith, but by sight) of the effects of fire in material substances. The *great* fire in London, coming directly after the *greater* plague, was the *greatest* blessing that ever visited a pestilence-laden city. On battle-fields it has been found necessary to burn the bodies of the dead (as at Soudan) to avoid the dangers arising from decomposition. We thus see that *fire* is the cleansing element.

Again, in these days of "body snatching," there must be constant dread of having what was once the loved tabernacle of the soul tampered with by impious hands. Not only this, but old graveyards are being deserted, and the unedifying sight of pieces of human bone (not yet fully decomposed) dug up from the earth, which is being transformed into the foundation for a new block of buildings,—this unedifying sight, we say, is not unfrequently met with by him who cares to see. Cremation avoids all this also. It is certainly the most reverential method of disposing of the dead. We know that the body of the loved one cannot be removed, that it cannot be exposed again to the gaze of men.

The feeling amongst Christians against the custom is perhaps a natural one, but which will, we think, in time be changed. That Christian burial may be performed over a cremated body was illustrated in the case of the lamented Dr. Gross; and there seems to be nothing in it in violation of the spirit or doctrines of the Christian Church.

PUBLIC BATHS AND WASH-HOUSES.—Under this caption an English writer contributes an interesting paper to the *Sanitary Engineer*, from which we glean the following: A small payment places at the disposal of the poorest the use of baths, hot and cold, and ample, well-provided laundries. The means for these necessary arrangements are seldom to be found in the houses of the poor. Five years after the adoption of these baths the committee reported that, in London, six sets of baths had been established, with an aggregate number, during the five years, of 2,000,000 of bathers and of washers a number equivalent to the washing of linen for 2,000,000 persons. Similar reports came from other cities also. Parliament has sanctioned the establishment of these baths at the expense of the rate-payers. Sensible rules, based on hygienic principles, are laid down by the commissioners, in regard to prices, quality of water, gymnastic exercise, etc. Glazed, fire-clay tubs are used, which are generally considered the best and most durable by sanitarians. Each bather is provided with a separate apartment, with plenty of light and ventilation; the flooring is of slate. Something of this sort in the large cities of America, among the destitute poor, would be of inestimable value to the community.

SANITATION IN OHIO.—The first annual meeting of the State Association was successfully held in February last. A State Board of Health, it is likely, will be the result,—a movement which will raise the medical profession to its proper place in the State, as all applicants will be obliged to pass an examination before such a Board. Papers were read on the Sewerage System of the State, on the Advantages of Quarantine, Slaughter Houses, Drainage and water Supply, etc. The plumbers were represented by a delegate from the Master Plumber's Association of Cincinnati, who read a voluntary paper on "The plumber in his relation to sanitary progress as viewed from the College of Practice." A similar meeting was held in March, at Seymour, Ind. In fact, *all* the states are coming to the front, and bending their energies in a concentrated effort for reform.

Notes.

THE AMERICAN PUBLIC HEALTH ASSOCIATION has celebrated its eleventh birthday.

DISUSED BURIAL GROUNDS.—A bill is before the English Commons to prevent the erection of buildings on disused burial grounds.

THE FOLLOWING is a well-known sign in Paris: "Madame Zenobie C., third story, lets out teeth for evening parties and balls."

VENTILATION.—In the new trade room of the Chicago Chamber of Commerce, it is said that the air will be changed every five minutes.

DR. JAMES A. STEWART has been appointed health commissioner of Baltimore. All general health officers should be educated medical sanitarians.

"TALK ABOUT Patience on a Monument," says Mr. Growler, "For a picture of calm content, observe a plumber waiting for his helper to go to his shop for tools."

APPROPRIATION IN FAVOR OF CATTLE.—Congress has made an appropriation of \$50,000,000 to restrict the spread of the foot-and-mouth disease prevailing in Kansas.

BATHING FACILITIES.—In all the leading continental cities swimming baths for rich and poor are being erected, and in Paris this has for many years been in vogue. America must wake up and adopt them more rapidly.

MR. D.—"Oh, yes! I was a table-boarder there before I was married."

MRS. D.—What does 'table-board' mean?

MR. D.—"Well, at her house it means board that is pretty much all table."

THE DISTRIBUTION OF SANITARY PAMPHLETS.—The Michigan Board of Health distributed thousands of pamphlets touching on sanitary subjects, a few years ago; and the next year witnessed a decrease of nearly $33\frac{1}{3}$ per cent. of deaths from diphtheria alone.

MILK ADULTERATION IN NEW YORK.—A recent investigation has shown that two-fifths of the milk furnished New York in 1882 was watered or skimmed. The health committee of the State Senate have proposed a bill with a \$33,000 appropriation clause, and ask for a milk inspector.

"HOW DO YOU DO, Mr. Lincoln?" said some one to the President.

"Well," said he, "that reminds me of a story. As the laborer said to the bricklayer, after falling through the roof and rafters of an unfinished house, I have gone through a good deal since you saw me last."

DIPHTHERIA IN HARTFORD.—In 1883 there were 200 deaths from diphtheria, and 234 from croup and diphtheria, "now generally classed together," according to Dr. Chamberlain, the Secretary of the State Board of Health. This is simply a harvest of death, and it is claimed is clearly traceable to unsanitary conditions.

EXAMINERS FOR PLUMBERS.—Cleveland is the first city to secure a regular board of examiners for plumbers. Its personnel consists of the city civil engineer, the engineer of the water-works, the health officer of the city, and one master plumber. If these officials are what they should be it would be impossible to get together a better selection.

INSPECTION OF FURNISHED ROOMS IN PARIS.—The Police Department of Paris has, at the request of the Municipal Council, instituted a service of inspection of furnished lodgings. Each inspector must, on application, furnish a report upon the healthfulness of any lodging-room or house within forty-eight hours after the application is received.—*Sanitary Record*.

CREMATION IN PARIS.—Pere Hyacinth has acknowledged, after examination, that his prejudices against cremation were not well founded; and that the reasons for cremation are unanswerable. All Christian priests and ministers will, in course of time, come over to this way of thinking. Present views will in time be overcome, and will give way to the demands of health.

A SUBSTITUTE.—The *Sanitary News* says that a substitute for the National Board of Health bill now before Congress, is under consideration. "The proposition is to form a Board from the Surgeon Generals of the Army, the Navy, and the Marine Hospital Service; the Treasury Department to have charge of quarantine and the Navy to do the investigation into sanitary subjects."

PROFESSOR VAN OVERBECK DE MEIJE of the Hague, General Secretary of the International Sanitary Congress which is to convene in that city next August, has complimented the *Sanitary News* of Chicago, by asking that paper to name some

American Sanitarian who can address the congress in French, on the Sanitary features of the emigration of Europeans to the United States. Let some enlightened Sanitary doctor or engineer step forward and claim the honors.

A MISTAKE.—The Master Plumbers of Cincinnati have endeavored in vain to secure a representation on the proposed board of health of Ohio, (which includes nine physicians, one Sanitary engineer, and one attorney-at-law). This is a mistake. The Plumbers,—the enlightened, scientific ones, at all events—know, as a rule, much more practically about certain dangers to health than the great majority of physicians or attorneys-at-law. The time has come when this class should be recognized as it deserves to be.

THE PRESBYTERIAN HOSPITAL OF CHICAGO.—The *Sanitary News* gives a cut of this fine building, and the following account of its structure, etc. It seems to be quite a model affair, and may well be so regarded: "The ventilation will be accomplished by introducing fresh air under the window-sills over steam radiators, and, in the wards, the foul air is to be removed by fire-places. The halls are to have a common shaft, heated at the bottom by a steam coil, for removing foul air. The water-closets, urinals, and baths have a separate foul-air shaft."

ADULTERATION OF MILK AND ITS PROSECUTION.—The laws of New Jersey, we understand, on this important subject, are the most stringent in the country. According to the *Sanitary News*, before these laws went into effect, the farmers of New Jersey were unable to obtain a fair price for their milk, as the New York markets were flooded with skimmed-milk sellers. Twelve per cent. of milk solids is the standard of purity. But expert milk rascals now use condensed milk to help up the standard of a weak lot. Let the Jersey lawyers reinterpret their laws.

THE PHILADELPHIA SANITARIUM ASSOCIATION, a society to furnish children in the city with fresh air and recreation, in its seventh annual report, just issued, makes a statement of the vast amount of work done last summer. During the season 49,001 persons were cared for at Windmill Island, being an excess of 2877 over 1882. The receipts for the year were \$10,823.18, and from this the Association has deposited \$5000 as a reserve ground-purchase fund. There are limited accommodations for the sick; but the chief intention of the Association is to *prevent* sickness by giving to *the well* all the fresh air

they can, and to take them away for a few short hours from their crowded and often pestilential homes.

A PLUMBER'S NOTE-BOOK.—A journeyman plumber's notebook, picked up, contained the following charges for reporting to his employer :

"Fixing up Smith's busted pipes, to wit: Going to see the job, \$1; coming back for tools and help, \$2; finding the leak, \$1.50; sending for more help, \$1.25; going back for solder forgotten, \$1.50; bringing the solder, \$1; burned my finger, \$2; lost my tobacco, 50 cents; getting to work, \$3; getting my assistants to work, \$2.50; fixing the pipe, 25 cents; going home, \$2.50; time, solder, wear and tear on tools, overalls and other clothing, \$5; total \$23.50."

SOME FIGURES.—Dr. W. F. Sheehan, in the *Sanitarian*, says that in a house erected by Rassie, near London, he estimates the foundation walls occupied 8,000 cubic feet, or 115,000 bricks; under ordinary circumstances the bricks will contain 5000 gallons of water, and if the subsoil is very humid or porous, the bricks will absorb and retain 7000 gallons of water plus the matter contained in the mortar. This wet will be continuously striking up into the walls by capillary attraction exerted over 2400 cubic feet. The "moral" is obvious, and is put by the writer thus: "If, therefore, dampness and disease from ground-water and moisture are to be kept out of the dwelling, courses of impervious material should be placed in the walls about one foot above the level of the ground, or above the rain-water splash."

THE WISDOM OF REGISTRARS.—The editor of the *Sanitarian* calls attention to the ignorance existing in the returns made by the Registrars of Vital Statistics. The following are said to be *bona fide* specimens of some of these returns :

Boy Aged ten Years.—"Primary cause, Dropsy of Brain from Infancy." Immediate cause, "Head the size of any wooden water-bucket."

Lady Aged Eighty-five Years.—Primary cause not given. Immediate cause, "Euthanasia." This physician, when asked for a correct diagnosis, gave the cause "Old Age," adding that "Euthanasia" was correct, Webster's dictionary to the contrary notwithstanding.

Lady Aged Eighty Years.—Primary cause, "Fall from a third story window." Immediate cause, "Seeing it was a fatal case, I let her die in peace, which she did in one hour and twenty minutes."

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Original Department.

THE FULFILMENT OF THE INDICATIO CAUSALIS IN GENERAL.

BY DR. H. G. SCHNEIDER.

(Translated by Emil Tietze, M.D., Altoona, Pa.)

(Continued from page 302.)

II.

ÆTIOLOGICAL medicine is based upon the axiom from which I started in this essay, viz. :

There is no disease that is not occasioned by a noxious influence, and no cure except by the removal of this noxious agency.

In the first part of this article it has been proven that every disease is the effect of a positive noxious agency, and that only chemical and mechanical noxious influences are qualified for disease-causes. In the second part, I shall endeavor to demonstrate that no disease is curable except by the removal of its cause, and at the same time shall mark out what portion of this curative labor belongs to the physician.

According to the law of causality, the law of the inseparable connection of cause and effect, a disease can be brought to its termination only in a twofold manner,—either by the absolute removal of its cause, or by the absolute removal of the object of its cause, or at least by the absolute removal of the changeability of the object produced by the morbid agency.*

The relative absence of the morbid cause we call *suspension*, the relative absence of the changeability of its object by the same—*palliation*. But the absolute removal of the object of the morbid cause, or of its changeability by the same, is no cure, no effort suitable for the restoration of the normal con-

* Grundz. der ætiol. Diagnostik, §§ 48 and 49.

dition (according to the law of spontaneity) of the diseased organism; but the removal or destruction of a part of the organism which, in diseases of virulent origin, if not leading to death, compels the poison remaining in the blood to attack other parts of the body.

According to experience the fatal termination of any disease takes place by virtue of the absolute removal of the object of its cause, while the timely, absolute removal of the morbid cause always leads to recovery.

Hence experience and theory leave it, without any doubt, that no disease is curable in any other way than by the removal of its cause.

The organism heals its diseases spontaneously if, and as soon as it is able to do so, by the removal of their causes; and it is the test of medical art for curative ends forthwith to remove by the same the removable disease-causes; and, as regards the morbid causes capable of being removed only by the negatively integrating self-activities of the organism, to induce this self-activity as soon as possible, or to complete it, *i.e.*, eventually to remove the obstacles to the success of the curative efforts of nature.

The task of the physician, directly to remove, wherever and as soon as he can, the morbid causes, and indirectly by evoking or completing the negatively integrating self-activities suitable for this end, we call the *indicatio causalis*.

The fulfilment of the indicatio causalis, above all, necessarily presupposes the diagnosis of the respective morbid cause.

In the third part of my work, repeatedly mentioned, to which I must refer here again, the first instructions have been given in the art of perceiving whether the respective morbid cause is a mechanical or chemical one, and how the locality of the mechanical disease-cause, if it does not appear directly, may be found, or the chemical, and which peculiarities the chemical morbid cause presents.

Moreover, the fulfilment of the *indicatio causalis*, with equal necessity, requires the physician to know what in general, and what in each individual case, he has to do for the removal of the morbid cause in diseases of a mechanical as well as in diseases of a chemical cause.

To teach this with regard to diseases of a primarily mechanical cause is the task of mechanical (chirurgical) therapeutics, and, as regards diseases of a chemical and secondarily mechanical cause, the task of chemical, medicinal therapeutics, which will principally engage our attention here.

Mechanical therapeutics has the advantage of having to deal with palpable potencies, and of being able directly to remove, if such removal be at all possible, these noxious potencies; while chemical therapeutics has to do with objects that are mostly agencies recognizable only by their effects, and, still oftener, entities entirely unknown *per se*, which can be removed from its domain only by the diseased organism.

Yet, as chemical noxious agencies cannot be removed directly from the blood, but only by the self-activities of the organism, the physician must, moreover, know, as regards the diseases of virulent origin, how and under what conditions the organism succeeds in removing the virulent morbid causes, since he can only fulfil the *indicatio causalis* in the diseases alluded to by the observations of these conditions.

1. THE FULFILMENT OF THE INDICATIO CAUSALIS IN DISEASES OF A VIRULENT CAUSE.

The removal of poisons, acting as morbid causes, from the blood, similar to the removal of all inadequate substances therefrom, can be accomplished only by the negatively integrating self-activities induced by the poisons acting as negatively integrating irritants. In §§ 21 and 22 of my *Outlines of Ætiological Diagnostics* the reader will find a more comprehensive review of this physiological law.

The poison in the blood occupying, as a positive noxious agency, parts of the organism, must cease to act in the same as a noxious factor, and, in place thereof, become a negatively integrating irritant, inciting as such the self-activities of the organism suitable for the removal of the same from its domain.

This transmutation of the morbid cause into a negatively integrating irritant, a curative agent, is the *conditio sine qua non* of the cure in all diseases of virulent origin. Therefore, for the purpose of fulfilling the *indicatio causalis* in all diseases of virulent origin, it is the task of the physician to induce, if possible, and as soon as possible, the transmutation of the morbid cause into a negatively integrating irritant. This can be done only by a change of the state of irritability in the diseased organism, in consequence of which the receptivity of the nerves controlling its excretion becomes greater as regards the poison than the receptivity of the nerves occupying the same as a morbid cause.

This necessary change of the state of irritability in the diseased organism can be obtained therapeutically only in a two-

fold manner, viz., either by the depression of the irritability of the nerves occupied by the poison as a morbid cause, or by the increase of the irritability of the nerves controlling its excretion. But the depression of the irritability of the nerves occupied by the poison as a morbid cause is out of question if the poison is to them a paralyzing potency, and can, if the same be an irritating potency to them, only exceptionally fulfil its aim, since large doses of so-called soporific drugs are necessary for the depression of the irritability of the nerves abnormally excited by the morbid cause, which more or less affect all the nerves; hence, even the nerves of the excreting organs suitable for the removal of the morbid cause, because remedies specifically paralyzing only the nerves abnormally excited by the virulent cause, are but rarely at our disposal; and their palliative effect, even in this case, gives no guarantee for the fulfilment of their aim.

The only safe way of evoking the curative efforts of nature, in diseases of a virulent cause, is the direct one of increasing the irritability of the nerves, which will incite the negatively integrating self-activities of the organism suitable for the excretion of the virulent morbid cause.

Finally, this requisite increase of nervous irritability can be brought about, according to the law of Pflueger, only by a mild irritation of the respective nerves; and this mild irritation, in its entirety, only by small doses of an inadequate chemical potency, which, like the virulent morbid cause, must incite for its removal from the organism the same activities of excretion, since no other is able to affect the nerves, which have to bring about the excretion of the virulent morbid cause.

According to this it is certain that, in all diseases caused by poisons in the blood, only such poisons as are similar to the former are suitable as remedies; hence that, in these diseases, the similia similibus is the therapeutic law for the fulfilment of the indicatio causa.

HOMŒOPATHY.

When Hahnemann established the curative law, "*similia similibus curentur*," discovered by himself, in opposition to the law, "*contraria contrariis curentur*," considered until then the only curative law, neither he nor any one else had an idea of the true significance of either of these curative laws.

As all physicians before him and up to the most recent times, so even Hahnemann considered, and his followers and

their opponents do so to-day yet,—the destruction of the disease by the fulfilment of the *indicatio morbi*, as the final aim of therapeutics.

Hahnemann, therefore, established his *similia similibus* as a diametrical contrast to the old *contraria contrariis*, and, entirely condemning the latter, proclaimed the former as the only true curative law.

The inevitable consequence thereof was an irreconcilable animosity among physicians, which caused them to separate into homœopaths and antipaths, vulgo allopaths.

In my address, mentioned in the introduction, before the assemblage of the Central Society of German homœopathic physicians at Frankfort-on-the-Main (1852), and in addresses before the assemblage of this Society at Magdeburg (1853), Nuremberg (1863), Brunswick (1864), Weimar (1865), and Leipzig (1867), as well as in other literary contributions which, like the above addresses, have all been published; and finally, in my work frequently alluded to, I have endeavored to prove that, in diseases of a virulent cause, the *similia similibus* is the law of drug-selection for the fulfilment of the *indicatio causalis* *sen* *essentialis*, the *contraria contrariis*, on the other hand, the law of drug-selection for the fulfilment of the *indicatio palliativa*; and in my lecture before the assemblage of the Central Society at Magdeburg (1871*), I have tried particularly to demonstrate that, by the fulfilment of the *indicatio morbi*, no patient *can* ever be made well.

Though these essays of mine have met with approval, they have, nevertheless, as have my other literary contributions of a similar character, thus far remained without any other result.

I hope that thus I have made clear at least the true significance of the *similia similibus*, and persuade myself of having physiologically proven that it is the law of drug-selection for the fulfilment of the *indicatio causa* in all diseases caused by poisons in the blood.

If one considers this subject more closely he will find that the *similia similibus curentur* has even a *general* validity as the law of drug-selection for the fulfilment of the *indicatio causæ*.

It is not only the curative law for diseases of a chemical cause in which only chemical means, in every case *virtually* corresponding to the morbid cause, are able to fulfil the *indicatio causæ*, but it is also the curative law in disorders of mechanical origin, in so far as even in these only mechanical

* Allgem. homœop. Zeitung, Bd. 83, Nos. 14 and 15.

means, *formally* corresponding in every case to the mechanical morbid cause, are able to fulfil the *indicatio causalis*.

But, if the *similia similibus* is the therapeutic law for the fulfilment of the *indicatio causalis*, and the *contraria contrariis* the therapeutic law for the fulfilment of the *indicatio palliativa*, then the absurd hypothesis that homœopathic drugs are able to accomplish the impossible, and, by producing similar symptoms, have the power of destroying, directly or indirectly, the symptoms of diseases, and thus the disease itself, collapses at once; and the presupposition, equally absurd, that the drugs, selected according to the *contraria contrariis*, would bring about the same result by a forcible, direct destruction of the disease-symptoms, is at the same time placed into the proper light, and thus the imaginary contrast between the *similia similibus* and the *contraria contrariis* annulled.

Thus, however, the *contraria contrariis* is not annulled, but only its true meaning marked out thereby. It is and remains the therapeutic law for the fulfilment of the *indicatio morbi*, which, even if it cannot cure diseases, may yet avert the danger to life, alleviate suffering, and eventually render diseases curable, and is and remains the therapeutic law for the fulfilment of the *indicatio palliativa*, even in organic anomalies of function and in conditions of collapse.

If this be so, the customary ideas of homœopathy and antipathy disappear on their own account, because they rest upon false premises.

Both ideas presuppose that diseases destroy themselves by the destruction of their symptoms, and that the sick can be made well by the destruction of their diseases. The idea of antipathy that diseases must be destroyed by the antipathic suppression of the disease-symptoms; the idea of homœopathy that the disease-symptoms, and thus the disease, must be annihilated by the production of similar symptoms.

The error of these presuppositions, as I have already mentioned, I have proven in my address at Magdeburg last year.

Accordingly, the physician calling himself *antipath* imagines himself able to destroy the disease-symptoms and in this way diseases by antipathic remedies, and thus to make the sick well; while the physician calling himself *homœopath* imagines better to accomplish the same end by homœopathic remedies.

Hence the predicates, *homœopath* and *allopath*, are no honorary titles, because they accuse the physician not only of error, but also of one-sidedness.

PHYSICIAN, in the fullest sense of the word, is only he who,

aside from the indicatio prophylactica, as regards the healthy and sick; in case of the sick knows how to fulfil the indicatio causæ according to the similia similibus, and, as regards the sick, the feeble, and those suffering from organic troubles, the indicatio palliativa according to the contraria contrariis.

THE HOMŒOPATHIC MATERIA MEDICA.

To satisfy the demands of the Similia Similibus for the purpose of fulfilling the Indicatio causæ in diseases of a virulent cause, *i.e.*, to be capable of selecting and applying in practice, in every case of disease, that remedy which, according to Hahnemann's expression, is "*able and inclined to produce the symptoms of the same in the healthy*," and thus marks itself a poison similar to the morbid cause; hence, is able to excite the nerves qualified for its excretion; it requires a knowledge of drugs which cannot be obtained from the Materia Medica, according to the Contraria Contrariis for the fulfilment of the Indicatio palliativa, since the latter offers only antipathic remedies.

The knowledge of drugs required for fulfilling the Indicatio cause in diseases of virulent origin can only be obtained from a Materia Medica containing collections of symptoms, similar to those produced by the disease, that have been observed in the provings of poisons (of chemical inadequate potencies) upon the healthy, or in poisonings, and which, therefore, as homœopathic pharmacodynamics, forms the counterpart to the Materia Medica antipathica.

The greatest merit of Hahnemann is the foundation of such a homœopathic Materia Medica laid by him; because his discovery of the Similia Similibus Curantur was but the consequence of his pharmacodynamic studies.

It is the principal task of the future (which, though difficult, will be accomplished, viribus unitis, in course of time) gradually to purify, and more and more to perfect this Materia Medica for ætiological practice, and to render its application as easy as possible.

THE QUESTION OF THE DRUG-DOSE.

It is mainly owing to misunderstandings that objects of debate have been made out of the drug-doses, and have created animosity among physicians.

By a misunderstanding of the Contraria Contrariis and Similia Similibus, as has just been shown, the antipaths, ac-

according to the former, the homœopaths, according to the latter, endeavor to destroy the disease-symptoms, and thereby the diseases, and thus to make the sick well; but the antipaths with maximal doses decried by the homœopaths as poisonous, the homœopaths with minimal doses of their drugs contemptuously designated by the antipaths as "*Nothings*."

However, fulfilling the *Indicatio morbi* according to the *Contraria Contrariis*, the physician renders only palliative help, but effects no cure. This the physiologists have sufficiently proven. Ignoring the misunderstood *Similia Similibus*, they say, therefore: "*Nothing cures*," and to the homœopaths, considering their drug-doses as "*Nothings*": "*We know that nothing cures, but You imagine that nothing cures.*"

If the effect of one cause is to be overcome by the opposite effect of another cause, the magnitude of the latter must surpass the magnitude of the former; hence, the drug-dose which is to overpower the effect of the disease-cause must be a proportionally large one.

If, on the other hand, we wish to increase the irritability of the nerves which must bring about the self-activities suitable for the removal of the virulent morbid cause from the blood, by a poison similar to the virulent disease-cause, it requires doses of it so small that it cannot itself become a morbid cause, but only continuously incites against itself the negatively integrating self-activities of the organism, suitable for the removal of the virulent morbid cause, and thus, as a mild irritant, simultaneously increases the irritability of the respective nerves.

Hahnemann, as we have said before, did not himself understand his *Similia Similibus*, but believed that, according to it, the *Indicatio morbi* was fulfilled.

Therefore, we need not to be surprised that Hahnemann, when obtaining cures according to the *Similia Similibus*, was of the opinion that the remedies, selected according to this therapeutic law, cured, as it was believed to be the case even with those selected according to the *Contraria Contrariis*, by destroying the disease-symptoms; yet, not like the latter, by calling forth their *Contraria*, but by producing similar symptoms.

Hence he found himself compelled to rate the power of drugs higher than the power of morbid causes; because he observed that an effect could be annulled only by a more powerful similar effect (*e. g.* stellar light by solar light).

This supposition in connection with the failures from too large homœopathic doses observed by him, made him so timid that, more and more frequently, he saw too powerful "primary

effects" of homœopathic drugs, so-called homœopathic aggravations, and even feared that such might be more dangerous to the patient than the disease itself.

In this manner, Hahnemann was successively led to the diminution of his drug-doses, and gradually to the decillionth dilutions, and induced to proclaim the cure of any curable disease by a dose of the homœopathic remedy, sufficiently small and properly selected, as the ideal of homœopathy.

From the administration of solid drugs, more and more finely divided by trituration continued for hours, or of fluid remedies more thoroughly solved by succussion, Hahnemann very truly observed an increase of their efficiency in consequence of these procedures, and under the guidance of his Dynamism converting matter and life into force, formed upon this *aperçu* his theory of potentiation which led him and a number of his followers to the audacious proposition that drugs, by virtue of such division and solution, *ad infinitum*, were made more efficacious and curative in proportion; a theory which gave rise to the most stupendous explanations of this imaginary increase of the curative power of drugs.

The only thorough corrective of such transgressions is experience.

However, it has been sufficiently proven how difficult it is to gain therapeutic experiences by the very fact that pathological therapeutics has been able to hold its place for thousands of years, and, as state-medicine, for centuries up to this day.

The so-called observations of single cases of disease, if they unite objects that can be brought into causal connection (which often cannot be done), have only the value of *perceptions*, of professional opinions; because they leave unknown the causal connection of their objects. They correspond to the following proposition of *Kant*:

"The sun shines upon the stone and the stone is warm."

However, this perception does not exclude the possibility of no causal relation existing between the objects of the same. I remind the reader of the trick, practiced one day by a Parisian jester in the Jardin des plantes, by turning over the stone warmed by the sun. Learned men racked their brains to explain why the surface of the stone turned away from the sun should be warm, while the surface of the stone turned toward the sun, was cold.

But it is different as regards *observation*. It elaborates and presents the connection of a causal relation between the

objects of perception, yet leaves undecided whether there exists between them a *direct* or *indirect* nexus causalis.

Kant's proposition is formed, now, as follows: "*When the sun shines upon the stone, then the stone is warm.*"

But this, again, does not exclude the fact that the sun does not warm the stone, but admits the possible existence of another momentum which, induced by the sun, warms the stone.

Experience, on the other hand, marks out the *immediate* causal connection between the objects of perception. *Kant's* proposition finally reads now: "*The sun warms the stone.*"

Hence, an observation can be the result only of perceptions of the same kind so often recurring until a *causal connection* between the objects has been found; and an experience can result only from frequent observations of the same kind under due consideration of all the relations sufficient for the establishment of an *immediate* causal connection between the objects of perception.

It is exceedingly difficult to obtain the requisites in medical practice, and they are, for this reason, mostly wanting in the so-called observations and experiences of physicians.

Owing to this shortcoming, nobody has as yet been able to rise, and declare from exact experience that *Jenichen's* high-potencies are nothings, and the admirers of the high-potencies have been equally unable to prove the curative power of the same by exact experiences.

It is different, however, as regards the less sublime doses of drugs selected according to the *Similia Similibus*.

Such have been often enough employed, in diseases of the same kind by unprejudiced physicians, to enable them to elevate their perceptions to observations and their observations to experiences, and to justify them in saying that drugs, selected according to the *Similia Similibus*, cure these diseases in homœopathic doses.

I shall present here a few such diseases, as examples, from my practice.

III.

Syphilis, as v. Bærensprung has proven, may heal spontaneously. (The chancre-disease which, in its natural course, is not followed by secondary syphilis, is excluded here.) But, then, it passes through its primary and secondary stages (Waller), and does not terminate its primary stage within a definite space of time (v. Bærensprung), and the customary

mercurial treatment (with large doses) mostly exerts an influence only upon the duration of primary syphilis, and upon the duration of the subsequent periods of latency (Ricord, v. Bärensprung, Waller a. O.).

Now, if sufficient observations prove that, upon the administration of Mercury in so-called homœopathic doses, primary syphilis is cured, *radically, and within a definite period of time*; hence, is not followed by secondary syphilis; we are justified in declaring that experience teaches that *Mercury*, in homœopathic doses, *cures syphilis*; and as the result of the customary treatment with Mercury demonstrates, exclusively in homœopathic, *i.e.*, sufficiently small doses.

I shall relate here my experience, extending over a period of twenty-five years and six months.

My syphilido-clinical observations, made within the first thirteen years and six months of my practice at Magdeburg, were published by me, in 1861, in a pamphlet (unfortunately full of typographical errors) under the title of *Syphilis and the Curative Methods* (Leipzig bei Wiegand), and thus I have to complete the same only by the addition of my observations of the last twelve years.

In the pamphlet alluded to, my observations of three hundred and twenty-five cases of chancre have been related. Adding those treated in the last twelve years, I certainly do not make too high an estimate in raising their number to from 800 to 1000, because during that space of time my practice in this sphere has very considerably increased.

I reported in that brochure, that under my curative method, described there, which, in common cases, and in those not treated by large doses of Mercury or Mercury iodides, simply consisted of the administration, morning and evening, of pellets saturated with the 4th, 5th, or 6th dilutions of Merc. sol., Hahnemann's, prepared from the 3d decimal trituration, I regularly observed that the chancre, no matter whether of recent origin or of several weeks' standing, began to lose its specific character in the third or fourth week, and was transformed into a clean ulcer, healing up at the end of the sixth or eighth week.

The last twelve years of my practice only confirm this statement, and I can say that, even during this period of time, I have seen radical cures of syphilis, accomplished always in the same manner, upon the systematic administration of the same remedy.

As exceptions in which I did not succeed in preventing the

appearance of secondary syphilis, I reported, at another place, three cases, in two of which, notwithstanding the previous and continued administration of large doses of Mercury, the chancre remained in *statu quo*, and in the third, of which the chancre appeared at the period of latency after the removal of the syphilitic symptoms by large doses of Mercury.

In the latter case, secondary symptoms immediately followed upon the disappearance of the primary; in one of the former cases, broad condylomata developed at the beginning of the sixth week of the treatment amid the healing of the chancre; while in the other, condylomata most probably had been present at the beginning of my treatment.

Such exceptions I have not seen within the last twelve years, yet I have observed a form of primary syphilis in which—one case excepted—I have not succeeded in preventing, at the fourth or fifth week of the treatment of the primary symptoms, the appearance of secondary syphilis in a severe form, either by Merc. sol., H., or Cinnabaris, or Merc. præcipit. ruber.

This form of syphilis very soon produces a hard swelling of the entire prepuce, and at the border of the same a corona of serrated ulcers, the hard phimosis, thus formed, discharging a very profuse, nauseating purulent secretion.

All in all, I have treated, thus far, from twelve to fourteen such cases.

In all these cases, a general cutaneous syphilide appeared at the fourth or fifth week, and, in four cases, an *iritis specifica* followed this cutaneous syphilide, which, in two cases, was treated by myself, in the two others, by an oculist.

All these patients made a perfect recovery, but required a long time for it.

The last case of this kind, treated by me this year, presents the exception.

A young merchant was under my treatment for an *ulcus præputii*. As this began to heal, a deeply penetrating chancre formed pretty rapidly upon the glans, and when this began to pause in its course and to improve, the form of primary syphilis just described, appeared almost suddenly, and caused the nervous patient and myself no little anxiety.

I had already been induced by the deep ulcer of the glans to administer the 1st trituration of Merc. præc. rub. (which I had found curative sometimes in such chancres of the glans), morning and evening, in very small doses (half as much as will lie on the point of a penknife); but did not allow myself

to be persuaded by the new additions to the trouble, to employ larger mercurial doses; but, now, gave Acid. nitric.⁶ (in pellets, morning and evening), according to my previous observations, with very little hope of preventing the appearance of secondary syphilis.

However, since an improvement manifested itself after three weeks, and no secondary symptoms set in after the end of the fifth week, I abandoned my fears and encouraged my hopeless patient.

Our hope was realized. The symptoms still present entirely disappeared within a few weeks, and four months have passed since without the appearance of even a trace of secondary syphilis.

As I am not able to find in my treatment a reason for this exception, it must, no doubt, have been owing to the disease. Hence, the proper remedy for this form of syphilis has yet to be found.

I will, moreover, remark here, that the number of patients affected by secondary syphilis after no treatment at all, or after external or customary treatment with Mercury, Iodine, or Mercury iodides, who came under my care within the last twelve years, has so much increased that it soon surpassed, doubly and trebly, the number of those affected by primary syphilis, and that the patients affected by secondary syphilis recovered, almost as regularly, upon the systematic administration of Nitr. acid., in pellets, morning and evening, as the primarily syphilitic upon the employment of Merc. sol., but that it required at least from six to eight months to obtain this result.

HISTORY OF HOMŒOPATHY IN THE PUBLIC INSTITUTIONS OF ARAPAHOE COUNTY, COLORADO.

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IN the March number of the *North American Review* for the year 1882 there appeared an article, entitled "The Fallacies of Homœopathy," from the pen of Professor A. B. Palmer, of Ann Arbor, Michigan.

In the June number of the same journal, for the year aforesaid, this article was replied to by that eminent scholar and physician, Professor J. W. Dowling, of New York, in an essay entitled "Old-School Medicine and Homœopathy."

Both of these articles dealt with the principles or theories of the two systems or schools of medicine. The points touched

and compared in both essays did not reach beyond the domain of that which is more or less speculative. In this article I shall deal mainly with *results* obtained by these two different schools or systems of medicine at the bedside, in the public institutions of Arapahoe County, Colorado, and shall bring these results into comparison.

In order to understand fully the medical situation in this county, permit me to say that it has an institution, sometimes called a "hospital," sometimes a "poorhouse." This institution was founded in 1871, and, therefore, has a history reaching back some thirteen years. It has a capacity of a daily average attendance of one hundred patients, and prior to April 1st, 1881, it had been absolutely and uninterruptedly under old-school management. The county, through its Board of County Commissioners, elects every year a county physician. This physician appoints the resident physician and nurses for the hospital, attends to the sick in the county jail and all sick in the county, outside of these institutions, who are financially unable to employ medical and surgical attendance for themselves. Consequently, the county physician has three classes of patients under his charge, namely, hospital, jail, and outside patients. There are only two ways by which a person can become a hospital patient: one, by being born in the hospital, and the other, by means of a written permit from the chairman of the Board of County Commissioners, who, alone, has authority to issue permits to the hospital. A person may become a jail patient, simply by the jailer notifying the county physician of the prisoner's illness. A man or woman becomes an outside patient by bringing an order for medical attendance to the county physician from the chairman of the Board of County Commissioners, who, by virtue of his office, is the overseer of the poor. While the county physician is under no obligations to attend to anyone outside of the jail and hospital, except upon the order of the overseer of the poor, yet, inasmuch as emergencies are apt to arise, persons are not held to a strict compliance with this rule. No doubt, when humanity demanded it, many persons have received attendance by the different medical managements of the county, when they were not armed with an order from the chairman of the county board.

The public records of the hospital consist in a general register, a daily and weekly record book, and in bed cards for each patient. The general register contains a record of every case that comes under the care of the county physician, whether a

hospital, jail, or outside patient. If a hospital patient, it gives the date of his admittance to the hospital, and if a jail or outside patient, it gives the date he came under treatment. Of all patients, this register gives the name, the number, the age, where born, how long in Colorado, whether married or single, the occupation, the diagnosis, the date of discharge or death, and such other facts as the county physician may think of sufficient importance to record. Each patient, upon entering the hospital or coming under treatment, is given a number. These numbers commenced at one, at the opening of the hospital, thirteen years ago. The number of the last patient recorded represents the total number of patients which the county has had since the opening of the hospital. The daily and weekly record is purely a hospital book. It gives the number in the hospital each morning, the number admitted and discharged during the day, the number of births and deaths during the day, and the number remaining in the hospital each night. The weekly record is kept in the same book and is simply a recapitulation of the daily record, giving the number in the hospital Sunday morning, the number of admittances, the number of discharges, the number of births, the number of deaths during the week, and the number remaining on hand Saturday night. The name of every patient in the hospital Saturday night, together with the number of his ward, is also recorded in this weekly record book. The bed cards are placed in little tin cases and hung at the head of each bed. They give the patient's number, the number of his ward, his age, his nativity, his occupation, the date of his admittance, the diagnosis of his disease, the number of the case-book, and the page therein containing the history of his case. When a patient dies or is discharged from the hospital his bed card is returned to the office and the date of his death or discharge written across its face and there retained until the end of the month. At the end of each month the resident physician makes a report to the Board of County Commissioners of the condition of the hospital. This report gives the number of patients brought forward from the previous month, the number of admittances, the number of discharges, the number of births, the number of deaths during the month, and the number remaining in the hospital on the last day of the month. The bed cards of the dead and discharged are returned to the County Commissioners with this report and are the vouchers for the number set forth in the report as having died and been discharged. The permits upon which the patients are admitted to the hospital are also returned to the board with

this report and are the vouchers for the number admitted. By this system of records it will be seen that the resident physician must account at the close of each day and again at the close of the week to the county physician for every patient in the hospital, or that may have come into the hospital, either by birth, or upon a permit, and at the end of the month he must do the same thing for the month to the Board of County Commissioners. In addition to these public records, during our management we kept a private record which consisted in a case-book made for that purpose. In this book we took a careful history of each case, recorded the most important symptoms, kept a record of the course of the disease, the remedies employed, and the results obtained. We have gone thus minutely into the details of the management of the medical department of our county and into our methods of keeping its medical records for two reasons. First, to show how impossible it would be, with the checks which these different records and reports have upon each other, to falsify them without detection by the Board of County Commissioners; and second, that the reader may be perfectly familiar with the basis upon which the tabulated statement we are about to present rests.

The Medical Department of Arapahoe County was turned over to the homœopathic school of medicine, for the period of one year, on the 1st day of April, 1881, through the election of a physician belonging to this system of practice, as county physician, some time during the preceding March. The following tabulated statement is the result of that year's work, and the same is compared with the year which immediately preceded it, when the medical management was in the hands of the old school.

	Years ending March 31st,	
	1882. Homœopathic.	1881. Allopathic.
Number of patients on hand April 1st,	82	49
“ “ admitted during the year,	926	711
“ “ discharged,	859	597
“ “ born,	13	10
“ “ died,	74	91
“ “ remaining March 31st, 1882,	89	82
Average daily attendance at hospital,	79.4	67
Number of jail and outside patients,	337	212
Total number of cases treated,	1358	982
Cost of drugs, surgical supplies, druggist's and physician's salaries, etc.,	\$3201 25	\$5164 17
Cost per patient,	2 35	5 25
Saving to county per patient,	2 90	
Total saving to county,	3938 20	
Hospital death rate, . . . . .	.073	.118
Total death rate, . . . . .	.054	.092

This statement is taken from the public records of the county, and any one who doubts its correctness can have his doubts removed by an investigation thereof. From \$3201.25, the total cost of the medical department for the year ending March 31st, 1882, as set forth in the above statement, must be deducted the sum of \$244.53, the value of the medicines and surgical supplies turned over by us to the Chairman of the Board of County Commissioners at the close of the year, and for which we hold his receipt. This reduces the expenses of the homoeopathic year to \$2956.72, and makes, when taking into consideration our increased number of patients, a total saving to the county in favor of our school of medicine of \$4182.76. In this statement there is one item left out in both years here compared, and that is the cost of nurses. This cannot work to the prejudice of either management, inasmuch as both are treated alike. We know what it cost for nurses during the homoeopathic year, but what it cost for this service for the year which immediately preceded it, we have not been able to ascertain, as no records were left at the hospital from which it could be obtained. We might have ascertained the salaries of the nurses for the year ending March 31st, 1881, by looking through the archives of the county clerk's office for this year, but this we were never able to get an opportunity to do. The greatest triumph, however, was in the reduction of the death rate, which, it will be seen, was reduced about 40 per cent. The following is a tabulated statement of some of the most important diseases treated, and the mortality in each under the respective schools.

	Years ending March 31st.			
	1882.		1881.	
	Homoeopathic.		Allopathic.	
	No. of cases.	Deaths.	No of cases.	Deaths.
Typhoid fever,	127	19	105	24
Remittent fever,	13	0	8	0
Intermittent fever,	23	0	7	0
Catarrhal fever,	11	1	3	0
Pneumonia,	16	2	19	3
Typhoid pneumonia,	7	2	4	2
Chronic pneumonia,	5	0	2	0
Phthisical pneumonia,	0	0	2	2
Pneumonia complicated with diarrhoea,	0	0	1	1
Pneumonia complicated with inflammation of bowels,	0	0	1	1
Pneumonia complicated with erysipelas,	0	0	1	1
Bronchitis,	48	1	37	0
Rheumatism,	160	0	115	2
Phthisis pulmonalis,	42	9	42	15
Erysipelas,	42	0	26	3

	Years ending March 31st,			
	1882.		1881.	
	No. of cases.	Deaths.	No of cases.	Deaths.
Syphilis,	73	1	26	1
Asthma,	14	0	2	0
Morbus Brightii,	7	0	5	2
Emphysema,	2	2	2	1
General debility,	10	1	50	2
Alcoholism,	31	1	17	3
Hepatitis,	9	0	6	3
Empyema,	1	0	1	1

From the above statement it appears that homœopathy in the years here compared, has a death rate of a fraction over 14 per cent. in that formidable disease, typhoid fever, and that the old school has a death rate of a fraction over 22 per cent. Of the severity of the type of this disease which came under the old-school management, we can, of course, not speak, as we did not see the cases, and as no records were left in the hospital of the daily variations in the temperature and pulse of their cases, from which alone a correct estimate could be made. The cases which came under homœopathic management were of a very malignant type. It occurred chiefly in those who had but recently come to this country, and who were unaccustomed to our climate and altitude. In many instances they could not speak or understand a word of English. These laborers came to Colorado to work upon our railroads then in the course of construction, and were from the lowest strata of their respective nationalities. At home, they suffered extreme poverty, lived upon poor food, in thickly populated districts, and in badly ventilated houses.

In consequence of their habits of life, and the badly nourished condition of their bodies, they possessed very little inherent power to resist the vicissitudes of this climate, or to arrest the ravages of disease when it once laid hold upon them. The Swedes were by far the greatest sufferers. So far as our observation goes, the year ending March 31st, 1882, was the more unhealthy of the two years here compared, and the diseases were of a more malignant type,—perhaps not in the city of Denver, but throughout the surrounding country which was tributary to Arapahoe County Hospital. During the year, the great irrigating English ditch was being built, and hundreds of men were employed in its construction. The Denver and New Orleans Railroad, the Burlington and Missouri, the Denver, Utah, and Pacific, and the Denver, Longmont, and Western were all being built. Both the Rio Grande and South Park were also making important extensions to

their lines throughout the mountains. The territory through which these various railroads were being built, and the irrigating ditch before mentioned was being constructed, was directly tributary to this hospital, and from it we received many patients. Not only this, but even western Kansas, New Mexico, and Wyoming Territory contributed to swell the number of its inmates. Now, it has been the observation of medical men from time immemorial, that the disturbance of large extents of soil increases sickness in the locality where the disturbance takes place, both in amount and degree. This was true in New York city at the lowering of the Harlem Railroad, and in St. Louis during the building of the bridge and the construction of the tunnel through the city, and why should not the construction of the ditch, and the building of the railroads before mentioned, produce the same results in Arapahoe County? Of the nineteen who died of typhoid fever, one was a native of Germany, one of Nova Scotia, one of Prince Edward's Island, one of Canada, one of England, one of Austria, three of Ireland, four of the United States, and six of Sweden. One was 19 years of age, one 20, one 22, six 23, two 24, one 25, three 27, one 39, one 40, one 41, and one 61. Two had only been 3 weeks in Colorado when they entered the hospital, one 6 weeks, two 2 months, one 3 months, three 4 months, one 5 months, one 6 months, one 8 months, one 1 year, one 18 months, one 2 years, one $2\frac{1}{2}$ years, one 3 years, one 8 years, and one 10 years. One died the very day on which he entered the hospital, three had only been 3 days in the hospital when they died, three 5 days, one 6 days, one 7 days, three 8 days, one 9 days, one 10 days, one 13 days, one 14 days, one 30 days, and one 68 days. Of those who died, the highest evening temperature reached was $107\frac{1}{4}$; the lowest evening temperature, $103\frac{3}{8}$; the highest morning temperature, $106\frac{3}{8}$; the lowest morning temperature, $101\frac{4}{8}$. The highest evening pulse, 150; the lowest evening pulse, 80; the highest morning pulse, 124; the lowest morning pulse, 70. In one case that recovered, the evening temperature for more than a week ran $106\frac{4}{8}$, and the morning temperature $105\frac{1}{8}$; the Fahrenheit fever-thermometer was the one used. In making this comparison we have no intention of reflecting on the ability or skill of that distinguished gentleman who was County Physician, and who had charge of the hospital for the year ending March 31st, 1881, and for the three years which immediately preceded it. After fourteen years of hospital experience, we can truthfully say we never saw a better hos-

pital man. He is an excellent disciplinarian, and had his work well in hand; he is a man of broad and liberal culture, a fine pathologist and microscopist. He is careful and conscientious in his diagnoses, and we know of no man in the old-school ranks whose diagnosis we would more implicitly trust. He certainly has no superior, if he has an equal, in his school of medicine west of the Mississippi. His failure to compete with this record does not lie in the man, but in the school of medicine to which he belongs. It was not the workman but the tools with which he wrought.

The following is a list of some of the surgical diseases treated and the operations performed during the homœopathic year:

	No. of cases.
Fractures at the base of the skull,	1
Fractures of the ribs,	1
Fractures of the clavicle,	2
Fractures of the leg,	13
Fractures of the arm,	2
Fractures of the spine,	1
Dislocations of the hip-joint,	1
Dislocations of the shoulder-joint,	2
Gunshot wounds,	17
Lacerated wounds,	33
Incised wounds,	8
Ruptures of the tibio-tarsal ligament,	1
Amputation wounds,	6
Amputations of the upper third of the leg,	1
Amputations at the knee-joint,	2
Resection of the shoulder,	1
Resection of the humerus,	2
Excision of the internal and middle cuneiform, the scaphoid, and a part of the os calcis,	1
Trephining for depressed fracture of the skull,	1
Tumors removed,	2
Felons,	4
Abscesses,	12
Sprains,	13
Ruptures,	1
Contusions of the spine,	2
Concussions of the brain,	2
Concussions of the knee-joint,	1
Hip-joint disease,	1
Necrosis,	4
Frost-bites,	10
Burns,	1

The Board of Commissioners of Arapahoe County consists of five members, and when the medical affairs of the county were transferred to homœopathic hands it was done by a vote of four to one. It must not, however, be understood from this fact, that it was a homœopathic board. The only man on

the board who employed homœopathy in his family, and was an avowed homœopathist, was its chairman, the Honorable H. D. Steele. The other three of its members who voted for homœopathy employed the old school in their families, but were not prejudiced in its favor. The only interest they had in medicine was to employ that system for the county which was the cheapest and the best. They had tried the old school for ten years and thought it no more than right that they should employ homœopathy one year and see what it could do. With them it was an experiment, but it resulted in the conversion of two of them to homœopathy, and the third, while he does not employ homœopathy in his family, is nevertheless a strong advocate of homœopathy in public institutions. The fifth man on the board was as pronounced in his old-school beliefs as the chairman was in his homœopathic opinions.

The all-absorbing question with the old school now was how to again get possession of the medical department of the county. They saw that they could not expect to accomplish this through the failure of homœopathy to meet all the wants of the sick and injured. They clearly realized that to restore themselves to power they must look elsewhere than to the results obtained at the bedside. So these high-toned gentlemen that live under the code, that refused to consult with a homœopathist, however pure his morals or gifted his intellect or broad his culture, carried the question of medicine down into the slums and cesspools of politics. They openly made their boast, we are told, that no man should be elected to the office of county commissioner who did not, first of all, pledge himself to vote to sustain the old school system of medicine in the public institutions of the county. Arapahoe County is so strongly Republican, that a nomination by a Republican convention is almost equivalent to an election. In the fall following the transfer of the medical affairs of the county to homœopathic hands, there was to be an election, and at this election three members of the Board of County Commissioners were to be elected. The old school physicians were very active at the Republican primaries, and in many instances succeeded in getting themselves elected delegates to the Republican County Convention. In this convention they succeeded in placing in nomination a gentleman of pronounced old school proclivities to fill the place about to be made vacant by the retirement of the Hon. H. D. Steele. Mr. Steele had been on the Board and its chairman for many years, and worn out by the vexatious cares and annoyances it brought him, de-

clined a re-nomination. They tried hard, but failed, to defeat the re-nomination of the Hon. Joseph H. Brown and J. C. Kuner, both of whom had voted against the old school. After the nomination they went to Mr. Brown and tried to make him pledge himself to vote for the old school, and threatened, if he did not, they would defeat him. He answered them very frankly and firmly that he had promised to give the homœopaths a fair show, and he should see that they had it. If they wanted to defeat him and could, it was all right, that he did not want the office badly enough to barter away his right to vote and act according to his conscientious convictions as to what was for the best interests of the county. Mr. Brown was reelected, notwithstanding they put forth every effort to defeat him. They also approached the Hon. J. C. Kuner and were again unsuccessful, until they brought to bear upon him an influence wholly non-political. This influence was the Denver University. During the year under the auspices of the old school, there had been organized a medical department to this university, and the arguments which induced him to vote for the old school were these: First. The Denver University, being a home institution, should receive local support. Second. The Arapahoe County Hospital, as a clinical field, was essential to the life of the medical department of this University. Third: That a medical college with good clinical advantages in Denver would bring to the city from \$5000 to \$8000 every winter that was now carried further east and spent by medical students in other cities. It must be remembered that the old school had one member of the Board all along; that they obtained another by the election of a gentleman of old school proclivities to fill the place made vacant by the retirement of the Honorable H. D. Steele, and now having secured the vote of Mr. Kuner, through his sympathy for home enterprises, they had a majority of the Board.

On the 1st day of April, 1882, and by a vote of 3 to 2, the medical department of Arapahoe County was returned to the old school; but from the explanation here given of the cause of this transfer, it will be seen that the change was in no way discreditable to homœopathy. From this date until March 31st, 1883, the old school managed the medical affairs of the county. On the 1st day of April, 1883, and by a vote of 4 to 1, without the assistance of a political party or the aid of a powerful university, or the influence of a strong and wealthy religious denomination, the Board of County Commissioners reinstated the homœopaths. From the fact that this trans-

fer was made solely upon the merits of Homœopathy, and with no other influence than its managements and the results obtained at the bedside during the year ending March 31st, 1882, we can but regard it as a signal triumph for our school of medicine. During the year only one change took place in the membership of the Board. One member retired and another gentleman was elected to fill his place. The newly elected member, before his election, was approached by the allopathists and his pledge secured to vote for their school of medicine. His pledge, however, was made without knowing anything whatever of the merits of the two schools, and upon the condition that he now saw no reason why he should not vote for that system of medicine. After coming into office, however, to use his own language, he saw so many reasons why he should not vote for the old school that he changed his mind and voted for homœopathy. Mr. Kuner, upon whose vote the homœopathists lost the medical control of the public institutions of the county the year previous, voted at this time for homœopathy. One year of old school reign had sufficed to disgust him.

The following tabulated statement is the result of this year's labors, and the same is compared with the previous year of old school management :

Food, Clothing, Employés, Nursing, Medical Services and Medical Supplies for Hospital and Poorhouse, Medicines, and Medical Services for Jail and Outside Poor for 1883 and 1884.

	Year ending March 31st, 1884.	1883.
	Homœopathic.	Allopathic.
	1883.	1882.
April, 1883,	\$1,449 03	\$1,822 21
May, 1883,	1,521 62	1,825 66
June, 1883,	1,331 18½	1,705 23½
July, 1883,	1,403 26½	1,839 16½
August, 1883,	1,513 61½	1,525 93½
September, 1883,	1,443 57½	1,788 28½
October, 1883,	1,671 23½	1,544 47½
November, 1883,	1,503 55½	1,645 74½
December, 1883,	1,513 75	1,706 47
January, 1884—1883,	1,713 47	1,928 02
February, 1884—1883,	1,611 42	1,765 10
March, 1884—1883,	1,709 84	1,664 86
	<hr/>	<hr/>
	\$18,385 56	\$20,761 14
Credit, by moneys paid county treasurer at sundry times, and collected from patients, for medical service, maintenance, etc.,	\$1,110 55	\$562 36
Due from Douglass County for maintenance of Stephen Henderson,	229 00	
	<hr/>	<hr/>
	\$17,046 01	\$20,198 78

	Year ending March 31st, 1884. Homœopathic. 1883.	1883. Allopathic. 1882.
Total number of patients treated in hospital, poorhouse, jail, and outside,	1,764	1,584
Cost per patient,	\$ 9 66	\$ 12 75
Saving to county per patient,	3 09	
Total saving to county for the year,	5,450 76	
Total number of deaths in hospital,	43	79
Total number of deaths outside,	9	none reported.
Total deaths,	52	79
Hospital mortality rate, . . . . .	.0603	.089
Total mortality rate, . . . . .	.0294	.0498

I desire to call the attention of the reader to several facts which this comparative report demonstrates. First, that the moneys actually paid out by the Board for the management of the Medical Department of Arapahoe County for the year ending March 31st, 1883, exceeded that paid out for the year ending March 31st, 1884, by the sum of \$2,375.62. Second, that the moneys collected from patients for medicines, medical services, maintenance, etc., and turned into the County Treasury during the year ending March 31st, 1884, exceeded that collected from the same sources and turned into the County Treasury during the year ending March 31st, 1883, by the sum of \$777.19. Third, that during the year ending March 31st, 1884, the county cared for 180 more patients than during the year ending March 31st, 1883. Fourth, that during the year ending March 31st, 1884, as compared with the year ending March 31st, 1883, the county saved on each patient treated the sum of \$3.09, and that the total saving to the county was \$5450.76. Fifth, that the deaths in the hospital during the year ending March 31st, 1883, exceeded those during the year ending March 31st, 1884, by the number of 37, and this too, in face of the fact that the allopathic school of medicine was boasting that during their year the county was enjoying the services of the combined talent of the Denver Medical College. Sixth, that the management of the year ending March 31st, 1883, did not report their outside deaths. Seventh, that the death rate of the hospital for the year ending March 31st, 1884, as compared with that ending March 31st, 1883, was reduced about thirty-three and a third per cent. Eighth, that the death rate of the county for the year ending March 31st, 1884, was reduced nearly 50 per cent., figuring on a basis of the total number treated in the hospital, jail and outside, and upon the supposition that during the year ending March 31st, 1883,

there were no outside deaths. If they had any outside deaths, which they probably did, this reduction would be further increased. Ninth, that the management of the medical department of the county for the year ending March 31st, 1883, treated in the hospital 877 patients, and out of this number had 79 deaths. The supposition, then, that it treated 495 out-patients without a single death is, to say the least, preposterous. If they did not, then it is a great pity that the 877 hospital patients were not out-patients. Everyone knows, who has had the least experience in the treatment of the outside sick of the county poor, that those who come under their care live, for the most part, in the alleys and by-ways of the city, in dirty and ill-ventilated houses, while those who go to the hospital have the advantage of clean beds, clean and well-ventilated apartments, good nursing and food adapted to their condition and wants, so that the mortality in the hospital should be less than among the outside poor. These remarks are not intended to reflect either upon the skill or ability of the allopathic physicians who conducted the medical affairs of the county during the year ending March 31st, 1883. In fact, I regard them as among the ablest representatives of their school of medicine in the city. My only object in making them, is to show that it does not lie within the allopathic system of medicine to conduct a hospital as economically and with as great saving to human life as it can be conducted under the homœopathic system of medicine.

After obtaining such results as here shown, it does seem a little strange that homœopathy should again be displaced by the old school. The solution, however, lies in the following facts, and these only reflect to the credit of homœopathy.

First: During the year, two new members of the Board had been elected, both of whom the old school claim were nominated and elected upon this issue. It is also claimed that before they were even nominated they were pledged to the old school. As to the truth or falsity of this claim, we have no knowledge. All we know is that they voted for the old school and thereby imposed upon the county, taking the year ending March 31st, 1883, as a basis, the increased burden of \$8456.76.

Second: The Denver University is a Sectarian Institution, and the religious sect to which it belongs is very powerful and wealthy in this county. Inasmuch as they regarded the Arapahoe County Hospital essential to the life of the medical department of their University, they were deeply interested in the defeat of the re-nomination of the Honorable J. A. Shreve

for County Commissioner. For the accomplishment of this object even their clergy stepped out of the pulpit and turned away from their college duties to enter the political arena. They were very active at the Republican primaries, and in some instances were elected delegates to the county convention. We do not blame them for this, for a man who will not provide for his own household is "worse than an infidel." We are not writing this to reflect upon this body of religious people; far be it from us to say one word to the detriment of this grand denomination which has done so much to lift up fallen humanity and to spread the benign influences of the Gospel throughout the civilized world. We do not,—we cannot believe that there was anything personal in the parts they took in this campaign, or that they *per se* have any interest whatever in medicine. Our only object in mentioning it here, is to show that the old school, without foreign aid, could never have restored themselves to power in Arapahoe County.

Third: In the matter of salaries for county and resident physicians and in the cost of medicines and surgical supplies, the old school underbid the homœopathists by the sum of \$600.

These are but a small part of the cost of maintaining a hospital. The real saving comes to such an institution in the thorough knowledge, by its management, of all the details of hospital life. We certainly have a right to feel proud when we remember that it not only took the old school, but the powerful Republican party, the Denver University and a strong religious denomination to dislodge homœopathy from the public institutions of Arapahoe County. The results obtained during the two years that it had control of the medical affairs of the county have been crystallized into history and will not be without their influence in future years.

In closing, I submit, to an intelligent and enlightened public sentiment, that a question of medicine has no more of a place in politics than a question of religion, and that the old school, by carrying it there, have publicly admitted that their system of medicine is no match for homœopathy at the bedside.

VACCINATION IN SMALL-POX—THE OTHER SIDE.

PHILADELPHIA, June 7th, 1884.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

Believing that we often learn more through our failures than from our successes, the following experience with "vaccination

during the early stage of variola" is given as another side to that presented in the June number of the *HÄHNEMANNIAN*.

During the small-pox epidemic which visited Philadelphia in 1872-73, it was my good fortune to see a great many cases of that loathsome disease. I tried the plan of early vaccination with "bovine virus" in a number of cases, but abandoned it on account of the entire lack of favorable action in either modifying or shortening the disease.

In one family in which six unvaccinated children were attacked, I immediately vaccinated all with fresh "bovine virus." The disease, however, assumed its most malignant type; confluent in all, markedly hemorrhagic in two. Though treated with the greatest care, additional counsel being employed, three died between the 7th and 12th days of the disease. The remaining three passed through the suppurative stage and were the only severely "pitted" cases treated by me during the epidemic. During the past ten years, I have seen a number of cases, but find the type much less severe than that during the epidemic above mentioned. This fact may explain the apparent greater utility of vaccination now than then.

Permit me yet one word, in favor of the *Malandrinum* recommended by Dr. H. Boskowitz of Brooklyn. It has been my pleasure to confirm, in several instances, the indications given in Raue's *Pathology and Therapeutic Hints*, 1882.

Yours fraternally,

AUG. KÖRNDERFER.

Miscellaneous Contributions.

THE AMERICAN INSTITUTE OF HOMŒOPATHY—THIRTY-SEVENTH ANNUAL SESSION.

THE American Institute of Homœopathy convened in its annual session at Deer Park, Garrett County, Md., on Tuesday morning, June 17th, 1884. A large number of physicians and their lady friends were in attendance. Professor John C. Sanders, M.D., of Cleveland, Ohio, President of the Institute, occupied the chair, and called the meeting to order at 10 o'clock precisely, and the Institute was led in prayer by A. S. Ball, M.D., of New York.

On motion of Dr. J. P. Dake, of Nashville, seconded by Dr. L. C. Grosvenor, of Chicago, Richard Hughes, M.D., of Brighton, England, was by vote invited to a seat beside the

President, and Drs. Dake and Grosvenor were made a committee to conduct Dr. Hughes to the platform.

Dr. Hughes's appearance beside the President was greeted with hearty applause. The distinguished visitor, in accepting the invitation, spoke of his previous visit to the United States in 1876, and expressed his thanks to the Institute for its courtesies.

President Sanders then delivered the annual address, in which he spoke in terms of warm encouragement of the progress which homœopathy is making, and instanced the improvement of the colleges, and of the standing of the graduating classes, the hospitals, etc. He made various recommendations looking to the improvement of the Institute, and then discussed the various questions now eliciting the interests of the profession: Pharmacology, Materia Medica Revision, "Distinctive Titles," Local Organization, etc. The address was well received.

Drs. E. A. Farrington, A. S. Couch, and A. I. Sawyer were appointed a committee to consider the recommendations contained in the address.

Dr. E. M. Kellogg, of New York, Treasurer, reported: Balance on hand as per last year's report, \$11.85; receipts from dues, etc., \$3500; from sale of books, \$171.50; total, \$3682.85; expenditures, \$3584.20, leaving a balance of \$98.65. The report was received, and referred to an auditing committee.

Dr. J. C. Burgher, of Pittsburgh, General Secretary, reported as Chairman of the Committee of Publication. The report speaks of the handsome volume of *Transactions* of 1172 octavo pages, the largest ever issued by the Institute, and of the contents of the volume. Dr. Burgher also, on behalf of the Executive Committee, reported a recommendation that a special committee be appointed to revise and harmonize the By-laws and Standing Resolutions, and report on the third day of the session. Also, that the *Transactions* be published, not in four bi-monthly parts as suggested a year ago, but in a single volume as heretofore. Also, that hereafter no member be appointed upon more than one bureau. After much discussion the recommendations were adopted, except that in reference to bureau membership, which was referred to the committee to revise the By-Laws and Standing Resolutions.

The Board of Censors reported through Dr. F. R. McManus, of Baltimore, Chairman, the names of nineteen applicants for

membership. Action on these applications was deferred until the afternoon session.

A committee consisting of Drs. T. F. Smith, of New York, and Pemberton Dudley, of Philadelphia, was appointed to see that suitable reports of the session are prepared for the newspaper press.

Dr. I. T. Talbot, of Boston, Chairman of the Bureau of Organization, Registration, and Statistics, then presented a brief abstract of his annual report. Accepted, and its further consideration postponed until the last day of the session.

A communication was received from the Washington, D. C., Medical Society, preferring, against Drs. Clement Pearson and William M. Cate, charges of having violated the Code of Ethics of the Institute. Referred to the "Seniors," under the By-law.

Dr. Ambrose S. Everett, of Denver, Colorado, read a paper on the "History of Homœopathy in the Denver Almshouse."

Dr. Talbot then gave an account of the movement by which the establishment of a State Asylum for the Insane was secured in Massachusetts, with a fine situation, 250 acres of land, and buildings erected at a cost of between three and four hundred thousand dollars, and capable of accommodating about 325 patients.

Recess until 3 P.M.

Afternoon Session.—The nineteen physicians favorably reported by the Board of Censors, at the morning session, were elected to membership in the Institute.

The Report of the Bureau of Pharmacology was presented by Dr. J. Edwards Smith, of Cleveland, Ohio, who reported the observations made during the year touching the examinations of drugs. In the first place, he wished it fully understood that the bureau had nothing whatever to do with the question of "potencies." The paper was entitled:

"Remarks and Suggestions Concerning Certain Homœopathic Triturations."

The paper alluded to analytical experiments with sugar of milk, heretofore made and published, and gave the results of later experiments, in which the various samples of milk sugar were obtained from pharmacists whose names were unknown to the investigators, until announced by Secretary Burgher, after the reading of the paper. The amount of solid residue left on incineration varied as follows:

Material.	Amount.	Residue.	Grade.	Pharmacist.
Milk sugar.	10 grams.	1.3 m. g.	1	Witte.
" "	10 "	1.5 "	1	Boericke & Tafel.
" "	10 "	1.6 "	1	Needham.
" "	10 "	1.85 "	2	G. W. Smith.
" "	10 "	4.7 "	3	Halsey Bros.
Cones.	10 "	8.6 "	4	G. W. Smith.
" "	10 "	8.7 "	4	Witte.
" "	10 "	8.7 "	4	Halsey Bros.
" "	10 "	9.1 "	4	Boericke & Tafel, Chicago.
" "	10 "	11.6 "	5	Needham.
Tablets.	10 "	2.7 "	2	Boericke & Tafel.
" "	10 "	60. "	5	Witte.
" "	10 "	306. "	5	Needham.
" "	10 "	377.4 "	5	Halsey Bros.
Pellets.	10 "	1.4 "	1	Witte.
" "	10 "	1.5 "	1	Clarkson.
" "	10 "	2.2 "	2	Boericke & Tafel.
" "	10 "	2.2 "	2	G. W. Smith.
" "	10 "	3.2 "	3	Halsey.
" "	10 "	5. "	4	Clarkson.
Loaf sugar.	10 "	0.4 "	1	Grocer.
" "	10 "	1.2 "	1	"
" "	10 "	1.6 "	1	"
Lozenges.	10 "	244.6 "		Confectioner.

In *grading* the samples Professor Smith rated grade 1 as "good;" 2, "fair;" 3, "poor;" 4, "very poor;" 5, "worthless." He called particular attention to the fact that the loaf-sugar obtained at a common grocery store, if not purposely adulterated, is purer than the best samples of milk-sugar obtainable.

The Report of the Bureau of Clinical Medicine was presented by Dr. J. W. Dowling, of New York. The subject of the report was:

"THE INDISCRETIONS OF LIFE AND THEIR RELATION TO DISEASE," and included the following papers:

"Effects of the Abuse of Alcoholic Preparations on the Nervous System," by S. H. Talcott, M.D., of Middletown, N. Y.

"Effects on the Liver and Digestive Organs," by William Owens, M.D., of Cincinnati, O.

"Effects on the Kidneys," by J. S. Mitchell, M.D., of Chicago, Ill.

"Effects on the Circulatory and Respiratory Organs," by J. W. Dowling, M.D., of New York.

"Effects of the Abuse of Tobacco on the System," by T. F. Allen, M.D., of New York.

"Effects of the Abuse of Drugs," by Asa F. Couch, M.D., of Fredonia, N. Y.

"Effects of Physical Strain and the Lack of Physical Exercise," by I. T. Talbot, M.D., of Boston, Mass.

"Effects of Mental Strain," by F. H. Orme, M.D., of Atlanta, Ga.

Evening Session.—A discussion on the Report on Pharmacology was participated in by Drs. J. Edwards Smith, Elias C. Price, and Pemberton Dudley.

The Report on Clinical Medicine was then discussed by Drs. C. A. Bacon, of New York City; T. F. Allen, of New York; E. C. Price, of Baltimore; P. Dudley, of Philadelphia; A. S. Ball, of New York; J. W. Dowling, of New York; George A. Hall, of Chicago, Ill.; William Owens, of Cincinnati, O.; H. C. Allen, of Ann Arbor, Mich.; and Dr. Richard Hughes, of Brighton, England. The speakers were practically unanimous in deprecating the excessive or even indifferent use of either tobacco or alcohol habitually.

The Bureau of Obstetrics reported through Dr. C. G. Higbee, chairman. The report embraced the following papers:

"Pathology of Puerperal Eclampsia," by S. Leavitt, M.D., of Chicago, Ill.

"Medical and Operative Treatment of Eclampsia," by H. E. Spalding, M.D., of Hingham, Mass.

"Sixty-nine Cases of Puerperal Eclampsia," by George B. Peek, M.D., of Providence, R. I.

"Prophylactic Medical Treatment of Eclampsia," by L. S. Ordway, M.D., of St. Louis, Mo.

"Secondary Effects of Puerperal Eclampsia," by Millie J. Chapman, M.D., of Pittsburgh, Pa.

"Treatment of the Lesions Resulting from Puerperal Eclampsia," by Eliza L. Campbell, M.D., of Attleborough, Mass.

"Report of Eight Cases of Puerperal Eclampsia," by C. G. Higbee, M.D., of St. Paul, Minn.

The Papers were discussed by Drs. L. C. Grosvenor, of Chicago, Ill.; R. F. Krebs, of Boston, Mass.; T. F. Allen, of New York; H. E. Beebe, of Sidney, O.; R. N. Tooker, of Chicago, Ill.; A. I. Sawyer, of Monroe, Mich.; L. S. Ordway, of St. Louis, Mo.; C. C. Fisher, of Austin, Texas; — Hassoek, of New York; H. L. Obez, of Ann Arbor; C. G. Higbee, of St. Paul, Minn.; and G. S. Walker, of St. Louis, Mo. Adjourned.

SECOND DAY—*Morning Session.*—President Sanders called the Institute to order shortly after nine o'clock. The Board

of Censors reported six or eight physicians as candidates for membership, and those so recommended were subsequently elected.

Dr. Farrington, Chairman of the Committee on the President's Address, reported the following recommendations:

1st. That the rule prescribing the theme of the President's annual address be rescinded. After some discussion this was amended to provide that the president's address *shall include* a report on the progress of homœopathy during the year, and such suggestions as he may deem necessary for the welfare of the Institute. In this form it was adopted.

2d. That hereafter synopses of papers be prepared by their respective writers, instead of by the chairmen of bureaus, and that the papers and synopses be in the hands of chairmen by the opening of the session. Adopted.

3d. That no member be appointed upon more than one bureau, the Bureau of Organization, Registration and Statistics excepted. Adopted.

4th. That no person be appointed chairman of the same bureau (that of organization, etc., excepted) for two consecutive years, except when the specific subject of the bureau report is to be continued from year to year. Adopted.

A recommendation was also offered to provide for a change in the manner of appointing bureau chairmen, but it was not adopted.

Dr. A. C. Cowperthwait, Chairman of standing committee on Railroad Fares, made his report. This was accepted with thanks to the committee. An expression of thanks was also tendered to the Baltimore and Ohio Railroad Company for their marked courtesies and favors to the Institute members and their friends.

The Bureau of Microscopy and Histology reported, through its chairman, Dr. J. Edwards Smith, M.D., of Cleveland, Ohio.

The only paper read was "A Review of Dr. Haupt's Paper on the Bacteria Question," by R. R. Gregg, M.D., of Buffalo, N. Y.

The paper was discussed by Drs. W. Y. Cowl, of New York; W. T. Helmuth, of New York; P. Dudley, of Phila.; C. A. Bacon, of New York; George A. Hall, of Chicago, Ill.; R. R. Gregg, of Buffalo, N. Y.; J. W. Dowling, of New York; C. G. Higbee, of St. Paul, Minn.; and J. Edwards Smith, of Cleveland. Adjourned.

The Bureau of Materia Medica presented its report through

its chairman, Dr. J. P. Dake, of Nashville, Tenn., the general subject being the "Revision of the *Materia Medica*." The report embraced recommendations for the appointment of a commission of three physicians to coöperate with a similar commission to be appointed by the British Homœopathic Society, with Dr. Richard Hughes, of England, as general editor, to proceed with the work. Also that the work be issued in small portions, the first to be subscribed for by the two bodies engaged in the work, and that a copy be thus supplied to each member of both societies. The report also embraced certain rules for the direction of the Revision Committee.

Dr. Hughes gave a brief history of the movement for revision as it had progressed in England, and conveyed to the Institute the kind greetings and good wishes of the British Homœopathic Society, and the request of that body for the aid and counsel of the Institute in the work of revision.

He stated that it is proposed in the main, to so array and describe the symptoms as to avoid needless repetition, and otherwise to condense the narratives of drug effects, a process which will reduce the bulk of the provings to about one-third their present volume, yet without omitting any of the effects obtained by the provers.

Dr. Arthur Camp, of Minneapolis, Minn., urged the plan recently proposed by him, for organizing the members of the State and other local bureaus of *Materia Medica* under the direction of the Bureau of *Materia Medica* of the American Institute.

A motion was made that the plan and rules for *Materia Medica* revision be adopted, with the exception of the tenth rule, which provides that symptoms obtained from dilutions above the 12th decimal be not incorporated, except when they harmonize with effects obtained from lower attenuations. The proposed amendment to the rules was submitted to a vote and lost, the rules remaining as originally proposed.

Dr. T. F. Allen protested earnestly against the proposed rules, because of his full conviction, concurred in, as he knew, by Dr. Farrington, that most valuable and numerous symptoms had been obtained from the higher attenuations. Drs. Cowperthwait, Butler, H. C. Allen and others concurred in this view.

The discussion was continued by Drs. Cowl, Orme, Dudley, J. Edwards Smith, Richard Hughes and J. P. Dake, after which the motion was adopted with several dissenting voices.

The Institute next considered the recommendation of the

Bureau that Dr. Richard Hughes, of Brighton, England, be the editor-in-chief of the proposed revision of the *Materia Medica*. On motion of Dr. Dowling, of New York, a committee was appointed to consider and report to-morrow morning upon the subject of appointing an American editor to be associated with Dr. Hughes in the proposed work. The committee consisted of Drs. J. W. Dowling, I. T. Talbot and O. S. Runnels. Adjourned.

THIRD DAY—Morning Session.—The Bureau of *Materia Medica* continued its report.

Dr. Sherman, of Milwaukee, offered a motion providing for a committee of seven, one member to retire and one to be appointed each year, to organize physicians in the continuous work of drug experimentation. The motion was designed to cover the suggestion of Dr. Camp for securing unity of action among the various local Bureaus of *Materia Medica*, and was agreed to.

Dr. Dowling, of the committee appointed on the question of an American co-editor in the Revised *Materia Medica*, made a report recommending that an editor be appointed to work in unison with Dr. Hughes, and that Dr. J. P. Dake of Nashville, Tenn., be appointed to the position. The recommendation was adopted.

Remarks were made by Drs. Helmuth, Dowling, T. P. Wilson and Hughes. Dr. Wilson moved to strike out of the report all reference to the fact that Dr. Dake was "*not* connected with any college," as involving an imputation upon college professors. The motion was lost.

On motion it was ordered that the three members of the American Committee of Revision be nominated by the committee appointed last night, *i.e.*, Drs. Dowling, Talbot, and O. S. Runnels.

On the recommendation of the Bureau it was also voted that the Institute subscribe for copies of the first portion of the Revision equal to the number of members of the organization.

Dr. I. T. Talbot, chairman of the Intercollegiate Committee, made his report: the report states that the eleven Colleges represented in the Institute have unanimously voted to require, from and after the session of 1885-86, a thorough preliminary examination in the branches of a good English education, mathematics, and elementary physics or natural philosophy, or a diploma from a reputable college or high school. The report was adopted, and the secretary instructed to report this action to all the homœopathic journals.

A motion was adopted referring to the Bureau of O. R. & S. the formation of a better rule for the presentation of Bureau Reports, and restricting the subjects presented, within narrower bounds.

The committee on Medical Literature, Dr. F. H. Orme, of Atlanta, Ga., chairman, presented a report. He suggested that the journals should be open to critical notices of all works from general readers, commended the issue of Reprints from volumes of *Transactions*, etc., and gave a list of publications issued during the year. Accepted.

The Report on Foreign Correspondence was read by title and referred.

The Report of the Bureau of Surgery was presented by Dr. Geo. A. Hall, of Chicago, chairman of the Bureau. The subject of the report was "Inflammation," and included papers on "General Considerations of Inflammation," by George A. Hall, M.D., of Chicago, Ill.

"Congestion and Hyperæmia," by I. T. Talbot, M.D., of Boston, Mass.

"Predisposing and Exciting Causes," by J. H. McClelland, M.D., of Pittsburgh, Pa.

"Pathology," by L. H. Willard, M.D., of Allegheny City, Pa.

"Microscopy of Inflamed Tissues," by W. L. Jackson, M.D., of Boston, Mass.

"Lymphization and the Nature and Functions of Lymph," by John E. James, M.D., of Philadelphia, Pa.

"Modes of Extension of Inflammation," by A. S. Everett, M.D., of Denver, Col.

"Reparative and Destructive Inflammation," by C. M. Thomas, M.D., of Philadelphia, Pa.

"Suppuration," by M. C. Terry, M.D., of Utica, N. Y.

"Ulceration and Mortification," by C. S. Fahnestock, of Laporte, Ind.

"Granulation and Cicatrization," by H. I. Ostrom, M.D., of New York.

"Medical and Surgical Treatment of Inflammation," by E. C. Franklin, M.D., of St. Louis, Mo.

"Treatment of Abscesses," by D. W. Hartshorne, M.D., of Cincinnati, O.

"Acute Ulcers," by C. E. Walton, M.D., of Hamilton, O.

"Septicæmia and Pyæmia," by W. Tod Helmuth, M.D., of New York.

"Chronic Ulcers," by F. S. Dwight, M.D., of New York.

"Hectic Fever," by Wm. D. Foster, M.D., of Kansas City, Mo.

"Inflammatory Adhesions, Contractions and Deformities," by E. H. Pratt, M.D., of Chicago, Ill.

The report and papers were accepted and referred.

Twelve o'clock having arrived, the subject of a place of meeting for next year was considered.

Dr. Ordway, of St. Louis, Mo., invited the Institute to meet in his city in 1885; Dr. Orme, of Atlanta, Ga., seconded the invitation.

Dr. Camp, of Minneapolis, invited the Institute to Lake Minnetonka, Minn.

Dr. Fisher, of Austin, Texas, urged the claims of St. Louis.

Dr. D. H. Beckwith nominated Chautauqua, N. Y., and forcibly urged its advantages and facilities.

The vote was, for St. Louis, 52; for Lake Minnetonka, 2; and for Lake Chautauqua, 48; St. Louis, having received a majority of the votes cast, was declared to be the place selected for the next meeting.

Candidates were then nominated as follows:

For President, Dr. D. H. Beckwith, of Cleveland, O., nominated T. F. Allen, M.D., of New York City; seconded by Dr. A. C. Cowperthwait, of Iowa City.

No other nominations being offered, Dr. Burgher, the Secretary, by direction of the Institute, cast the ballot of the members, and Dr. Allen was declared unanimously elected. Dr. Allen responded in a few well chosen words of thanks.

For Vice-president, Dr. Talbot nominated Dr. A. I. Sawyer, of Monroe, Mich.

Dr. S. H. Talcott nominated Dr. A. C. Cowperthwait of Iowa City; Dr. D. S. Smith of Chicago, Ill., seconded the nomination, as did also Dr. Tooker of the same city.

Dr. Sawyer withdrew his name, and urged the election of Dr. Cowperthwait. Dr. Cowperthwait was unanimously elected.

For Treasurer, Dr. Talcott nominated Dr. E. M. Kellogg of New York, and he was unanimously elected.

For General Secretary, Dr. Dowling nominated and the Institute unanimously elected Dr. J. C. Burgher of Pittsburgh.

For Provisional Secretary, Dr. T. M. Strong of Ward's Island, New York City, was unanimously elected.

For Censors, Drs. F. R. McManus of Baltimore, A. R. Wright of Buffalo, N. Y., F. H. Orme of Atlanta, Ga., R. B. Rush of Salem, O., and D. S. Smith of Chicago, Ill., were reelected.

For Necrologist, Dr. Henry D. Paine, of New York City, was reelected.

The Bureau of Medical Education, Dr. J. H. McClelland, of Pittsburgh, chairman, presented papers entitled:

"Who should examine Candidates for the Medical Degree?" by Egbert Guernsey, M.D., of New York.

"Medical Education in England," by Richard Hughes, M.D., of Brighton, England.

The report was accepted and referred.

Adjourned until 3 o'clock P.M.

Afternoon Session.—Verbal reports were received from several of the State societies as well as from a large number of local societies, hospitals, colleges, etc. Dr. Hughes also kindly made a statement respecting the work of the British Homœopathic Society, and the London Homœopathic Hospital. All these reports indicated encouraging progress.

The Standing Committee on Provings provided for by resolution, in accordance with the suggestion of Dr. Arthur Camp, of Minneapolis, Minn., was then announced as follows: Drs. D. J. McGuire, of Detroit, to serve one year; H. R. Arndt, two years; E. M. Hale, three years; E. A. Farrington, four years; Conrad Wesselhœft, five years; Lewis Sherman, six years; and A. W. Woodward, seven years.

Other committees were announced as follows: On Medical Literature, Dr. F. H. Orme; on Foreign Correspondence, Dr. Calvin B. Knerr; on Medical Education, Dr. H. C. Allen; on Legislation, Dr. T. S. Verdi.

The Bureau of Gynæcology next reported through Dr. Philip Porter, secretary of the bureau. There were papers read by Drs. Porter, of Detroit; A. I. Sawyer, of Monroe, Mich.; Henry Minton, of New York; L. A. Phillips, of Boston, Mass.; and O. S. Runnels, of Indianapolis, Ind. Also one by Dr. Taylor, of New York city.

The report was discussed by Drs. L. C. Grosvenor, of Chicago; Bennet, of Fitchburg, Mass.; Anna Warren, of Emporia, Kan.; William Owens, of Cincinnati, O.; and Mrs. M. J. Pearman, M.D., of St. Louis, Mo.

At the request of Mr. Walker, proprietor of Deer Park Hotel, a committee consisting of Drs. A. R. Wright, of Buffalo; E. U. Jones, of Taunton, Mass.; and D. H. Beckwith, of Cleveland, O., was appointed to make a sanitary examination of the hotel buildings and their surroundings.

The committee to select a Committee on Revision of the

Materia Medica reported the names of Drs. Conrad Wesselheft, of Boston, Mass.; E. A. Farrington, of Philadelphia, Pa., and H. R. Arndt, of Grand Rapids, Mich. The report was adopted with its recommendation.

The report on Sanitary Science was presented by the chairman, A. R. Wright, M.D., of Buffalo, N. Y. It included the following papers on the general subject of the "Care of State dependants."

"Presentation of the Subject," by Dr. A. R. Wright.

"Care of Blind and Deaf-Mute Paupers," by D. H. Beckwith, M.D., of Cleveland.

"Care of Children in Almshouses," by J. E. Gilman, M.D., of Chicago, Ill.

"Care of Insane Paupers," by A. P. Williamson, M.D., of Middletown, N. Y.

"Domicile and Support of State Dependents," by Bushrod W. James, M.D., of Philadelphia.

"Care of Minors in Criminal Institutions," by George M. Ockford, M.D., Revere, Mass.

The Bureau of Organization, Registration and Statistics reported 28 State societies with 2384 members, 104 local societies and clubs with 2740 members, 26 general hospitals, costing \$2,360,000 and providing last year for upwards of 10,000 patients; 37 special hospitals, costing \$1,700,000, with 5880 patients; 48 dispensaries, treated last year over 1,200,000 patients; 13 colleges, 17 journals. There were present at this meeting 225 physicians and 145 other persons, chiefly the lady friends of the members.

The bureau also reported certain amendments to the by-laws, which were adopted.

The following bureau chairmen were announced: Surgery, W. T. Helmuth, M.D., of New York; Gynæcology, Philip Porter, M.D., of Detroit; Sanitary Science, D. H. Beckwith, M.D., of Cleveland, O.; *Materia Medica*, E. A. Farrington, M.D., of Philadelphia, Pa.; Ophthalmology and Otology, E. W. Beebe, M.D., of Milwaukee, Wis. Adjourned.

THE BANQUET.—On Tuesday evening a grand banquet was tendered to the members of the Institute and their friends by the courtesy and kindness of Mr. W. J. Walker, mine host of the Deer Park Hotel. The feast was elegant, and was well served. There were about three hundred and fifty ladies and gentlemen present.

Professor A. C. Cowperthwaite, M.D., of Iowa City, Vice-

President elect, acted as toast-master, and proposed the following sentiments :

"The Memory of Samuel Hahnemann." Drunk standing and in silence.

"The American Institute of Homœopathy." Response by I. T. Talbot, M.D., of Boston, Mass.

"Our Transatlantic Co-laborers—we extend greeting to their Distinguished Representative." Response by Richard Hughes, M.D., of Brighton, England.

"The Country Doctor." Response by Asa S. Couch, M.D., of Fredonia, N. Y.

"The City Doctor." Response by Dr. W. Tod Helmuth, of New York.

"Woman, the Wife and Counsellor." Response by Dr. J. C. Burgher, of Pittsburgh, Pa.

"The Twin Professions—Medicine and Theology." Response by Rev. Mr. Davis, of Oakland, Md.

"Deer Park Hotel and the Baltimore and Ohio Railroad Company." Response by Messrs. W. J. Walker and J. G. Pangborn.

FOURTH DAY.—The Bureau of Pædology, C. H. Lawton, M.D., of Wilmington, Del., reported on the general subject of "Infantile Dentition and its Incident Diseases." The papers included in the report were the following :

"Physiology of Dentition," by C. H. Lawton, M.D., of Wilmington, Del.

"Abnormal and Difficult Dentition (eruption), Causes and Cure," by Sophia Penfield, M.D., of Danbury, Conn.

"Dentition and Nervous Complications that may Arise," by Edward Cranch, M.D., of Erie, Pa.

"Dental Paralysis," by Martin Deschere, M.D., of New York city.

"Dentition, and Eye and Ear Complications that are sometimes met," by T. C. Duncan, M.D., of Chicago, Ill.

"Dental Cough and Chest Difficulties," by William A. Edmonds, M.D., of St. Louis, Mo.

"Stomach and Enteric Disorders that may be Coincident with Dentition," by J. B. G. Curtis, M.D., of Washington, D. C.

"Dental Therapeutics," by J. C. Morgan, M.D., of Philadelphia, Pa.

"Premature Development of Teeth," by R. N. Tooker, M.D., of Chicago, Ill.

"Dental Hygiene of Children," by E. Everett Davis, M.D., of Philadelphia, Pa.

"Guiding Symptoms," by George B. Peck, M.D., of Providence, R. I.

The Bureau of Psychological Medicine, Dr. T. L. Brown, of Binghamton, N. Y., chairman, presented its report, which was accepted and referred. After the transaction of certain routine and unfinished business, the Institute adjourned. Some thirty new members were admitted during the session.

D.

THE WESTERN ACADEMY OF HOMŒOPATHY.

THE Tenth Annual Convention of the Western Academy of Homœopathy was held at Cincinnati, June 10, 11 and 12, at Parlor 12 of the Burnet House. The meeting was called to order by the President, Dr. G. A. Hall of Chicago. Dr. J. M. Crawford, the vice-president of the Society, being very ill and unable to attend, Dr. N. B. Delamater, of Chicago, was elected to fill the vacancy. Quite a number of the physicians of Cincinnati and elsewhere were proposed and elected members of the association. Drs. Benjamin Ehrman, of Cincinnati, and J. P. Dake, of Nashville, were elected to honorary membership.

It was apparent at the first day's session, that unless a new plan of action should be devised, or new life in some manner infused into the organization, it had outlived its usefulness. After the subject of miscellaneous business had been taken up, and the president delivered a short address, advocating therein a project of uniting the Western Academy with the "Southern Institute of Homœopathy," now in contemplation, the Bureaus of the first day's session were called upon to report, and lo! neither chairman, a member of a bureau, nor even a paper was present, certainly very discouraging to the officers and the members present, some of whom had come great distances to attend the meeting.

In the evening the formal reception of the visitors took place, His Honor, Mayor Stephens, delivering an address of welcome. The President, Dr. Hall, followed the mayor by delivering a very interesting and instructive discourse, in which he traced disease and medicine from their origin to the present day. After he had concluded, short speeches were made by Drs. J. P. Dake, Benjamin Ehrman, J. D. Buck, William Owens, C. W. Barker, J. P. Geppert and others, chiefly on the growth and development of homœopathy since its introduction west of the Allegheny mountains. It was the

opinion of the speakers, that in no disease had homoeopathy achieved such grand results as in the treatment of cholera.

The *second day's session* was well attended and a great deal of interest manifested. The subject of revising the *Materia Medica* received considerable attention at this meeting.

Dr. H. R. Arndt, of Grand Rapids, Mich., read an exceedingly interesting and instructive paper on the "Revision" of the *Materia Medica*, which was ably discussed by Dr. Dake and others. The doctor thought that symptoms of provings should be verified *clinically*, in at least two cases, in order to be reliable and trustworthy.

"The Law of the Morbid Process," by Dr. William Owens, was interesting and contained matter for thought pertaining to the relation of drugs to the morbid process.

Clinical Medicine.

Dr. N. B. Delamater's paper on neuralgic affections treated by a new method, viz., by the *Pericentur*, was well received. Dr. Alexander Donald, of Minn., read a paper on "Cerebro-Spinal Meningitis," in which he thought *Crotalus* 2^{sc} had been a curative agent. He also related a case of asthma cured by *Calcarea carb.* 2^c.

Obstetrics.

Dr. M. M. Eaton reported a case of extra-uterine pregnancy, where the fetus ulcerated through into the bladder, and was passed through the urethra in a decomposed state, piecemeal—many of the bones being removed by operation entire—while others were crushed in the bladder and removed. The patient recovered.

The history of the case showed that the pregnancy was abdominal, and that at about the third month the fetus died and was retained in its sack for a period of about three years, causing during this time several attacks of inflammation, thought at the time to be cellulitis. At this time the bladder became involved, and there was present considerable pain on micturition. Then followed a very severe inflammatory attack, which was followed by a discharge of decomposed flesh, hair, and small bones, through the urethra of the patient. This continued several months, when the case was seen by Dr. Eaton, who removed by operation many remaining bones of the fetus through the urethra, crushing some and removing some entire. (Dr. E. presented to the society the bones so removed.) The

doctor remarked that this was the only case of the kind he could find on record.

Gynecology.

Dr. Julia Holmes Smith of Chicago, on *Lacerations of the Cervix*, took the ground that Emmet's operation was *unnecessary*, owing to the fact that at each following confinement the cervix would be torn again. Dr. Smith contends that symptoms referred to that cause were nervous symptoms, and found in unmarried women and could be removed by remedies.

Nervous and Mental Diseases.

Dr. J. D. Buck read a paper on mental and nervous diseases, which called out considerable discussion.

In Dr. Buck's essay it was shown that by analogies in nature both organic and inorganic, and by the development of man and other animals from the cell form, it is possible to obtain such a knowledge of mental action as will place mental diseases practically under control of the physician, though such control is rather in the way of prevention than cure. A philosophical basis for investigation was also laid down by showing that evolution pertains to form and material substance, while involution pertains to force. The first is objective and concerns the body; the second is subjective and concerns the soul. He thought it was illogical and pernicious to claim, as is practically done by all modern thought, that matter and spirit are something entirely different, when they are opposite sides of one universal nature.

Surgery.

Dr. W. D. Foster, of Kansas City, Mo., read a paper on *Ranula*. In his opinion surgical treatment in this affection was the most effectual. His success with remedies was not satisfactory.

Dr. S. Parsons, of St. Louis, reported a case verbally in which he had performed successfully a plastic operation in a webbed condition of one foot and one hand.

Ophthalmology.

Dr. W. A. Phillips, of Cleveland, was the only member of this bureau present, and read a very interesting paper in which he presented some clinical cases to illustrate the fact

that many cases of inflammation were dependent upon errors of refraction, and required glasses to correct them. The gravity of many cases, in his opinion, is not recognized by the general practitioner, and the patients are often sent to the specialist too late.

The Bureau of *Sanitary Science* was represented by Dr. George W. Foote, of Galesburg, Ill., who read a paper, written by Dr. W. J. Harris, of St. Louis, on Girls in Boarding-schools, which elicited considerable discussion.

Wednesday evening the faculty of Pulte College invited the visiting members of the Academy and the Alumni of the College to a reception and banquet at the Ortiz. The occasion was a very happy one. After enjoying the fruits of the caterers' skill, five-minute speeches followed. Their tone was hopeful as to the future of Pulte College and homœopathy.

On Thursday noon the convention concluded its deliberations. The officers for the ensuing year are as follows:

President, Dr. A. S. Everett, Denver, Col.; Vice-President, Dr. H. R. Arndt, Grand Rapids, Mich.; Secretary, Dr. C. H. Goodman, St. Louis; Provisional Secretary, Dr. N. B. Delamater, Chicago; Treasurer, G. W. Foote, Galesburg, Ill.; Board of Censors, Drs. W. C. Barker, M. M. Eaton, A. Donald, S. B. Parsons and J. E. Gross. In the afternoon the visitors were taken to the Zoölogical Gardens and shown other sights in the suburbs by the local reception committee. The place of next meeting was left in the hands of the Board of Censors, though a feeling prevailed that the next meeting should be held at St. Louis.

S. R. G.

THAT DIPHTHERIA CIRCULAR.

BALTIMORE, MD., June 9th, 1884.

EDITORS HAHNEMANNIAN MONTHLY:

On pages 373 and 374 of your journal for last month (June), Dr. W. J. Martin, of Pittsburgh, soundly rates a Dr. Robert Amthor for quackery. This is all very well, and is as it should be if Dr. Amthor was affected by this kind of censure, and if Dr. Martin had refrained from the suspicion of a slur at the homœopathic physicians of Baltimore.

According to the alphabetical arrangement of Dr. Knerr's Directory, Dr. Amthor undoubtedly "heads the list" of homœopathic physicians of our city; but Dr. Amthor holds no diploma, is a graduate of no medical college, and is *not* rec-

ognized as a physician by the medical profession of Baltimore, however he may stand with Dr. Knerr or any other non-resident.

As Dr. Amthor is not a graduate and therefore runs no risk of professional ostracism, is not a representative Baltimore homœopathic physician, is suffering from advanced cardiac disease—confined to his house—and is compelled to do something to make bread and butter for his family, he is probably less censurable than Dr. Martin apparently supposes.

Dr. Amthor has given the name of the remedy (*Orchis mascula*) to the profession, and if it is really valuable in angina of any kind, there is nothing to prevent physicians from obtaining it from any preferred source possible, and using it. The only thing patentable and patented is the trade mark—the “robust looking angel” as Dr. Martin dubs it—which is no protection, and therefore useless. Any one buying the drug from Dr. Amthor is simply putting him in the position of any other druggist, besides doing a charity, and under the circumstances can hardly be accused of fostering quackery, unless he prescribes it as Dr. Amthor has done, irrespective of symptomatic indications, simply as a general specific.

I am not writing to defend Dr. Amthor in any particular, but simply to give the facts that happen to be in my possession.

For the presence of Dr. Amthor's and several other names in the Directory, Dr. L. J. Knerr is responsible. At the request of Dr. Knerr, I sent him a correct list of graduates *only*, for his Directory—for every name of which I hold myself responsible—and had this list been published, Dr. Martin would have had no public authority to hold Dr. Amthor as a representative Baltimore homœopathic physician. The general head “Baltimore County,” does not include Baltimore City, as Dr. Knerr assumes; the county and city are as separate and distinct as two states, or two cities, or two counties; they are governed irrespective of each other, the county laws do not affect the city, and the city laws do not affect the county.

When Dr. Knerr's next Directory appears, I hope he may be more careful in enrolling his graduates. We physicians, of the formerly notorious “mob town,” may have our share of quacks, but we are logical enough to desire our share of *classification* also, so that among our own professional brethren, at least, honor may be rendered to whom honor is due.

Respectfully,

ELDRIDGE C. PRICE.

1884.]

THE
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE AMERICAN INSTITUTE MEETING.—Deer Park, the place of the recent meeting of the American Institute of Homœopathy, is two hundred and twenty-six miles west of Baltimore, almost at the extreme western boundary of Maryland. It nestles cosily in a little valley, scooped out of the summit of the Allegheny Mountains, three-fifths of a mile above the ocean level. The Baltimore and Ohio Railway runs through this valley, and all its through-passenger trains stop at the station within the park grounds, some two hundred yards from the hotel, after having traversed in either direction some of the most magnificent mountain scenery to be found east of the "Rockies." The hotel is built on the western side of the valley, just far enough below the summit level to protect it somewhat against the storms of winter, yet high enough to afford, up and down and across the valley, an extensive view of mountain-range and of luxuriant low-land. The situation seems wonderfully adapted to the requirements of invalids who seek a moderately light and bracing atmosphere, and amongst the more experienced physicians present at the meeting, the

opinion was expressed that to those threatened with pulmonary or nervous diseases, and particularly to the overworked professional or business man or woman, a summer residence at Deer Park holds out unusual promise of restoration and reinvigoration. It is proper to mention in this connection, that during the progress of the meeting, a committee of three of the most distinguished sanitarians in the Institute, Drs. E. U. Jones, of Taunton, Mass., A. R. Wright, of Buffalo, N. Y., and D. H. Beckwith, of Cleveland, O., made a careful and exhaustive inspection of the hotel buildings and grounds, and found absolutely nothing to condemn; an extremely rare verdict for a pleasure resort.

The members of the Institute and their friends came in force, three hundred and seventy of them, and the house overflowed. It was more than the hotel management, or the railroad management either, had anticipated. But they were equal to the emergency. Mr. Pangborn, the genial and energetic representative of the Baltimore and Ohio, at once summoned two of the company's splendid sleeping-cars from Baltimore. These were "anchored" in front of the hotel, and the bachelors were made comfortable therein. At the table the unexpected crowd of diners made the waiters seem a little less prompt than they might otherwise have been, but everybody understood the cause, and the little delays were accepted good-humoredly. The bill of fare was certainly equal to that furnished by hotels which have heretofore charged the Institute members forty per cent. higher rates. "Reduced rates" at hotels generally means reduced fare. In this instance it meant nothing of the kind. The air was cool, blankets being called into requisition, though it was past the middle of June, and the woods on the neighboring hillsides showed, here and there, the brown-hued traces of a very recent visit of old Jack Frost.

As to the meeting. The President's address was suggestive of means for securing greater efficiency for the Institute, and most of its recommendations were concurred in. The restriction placed upon the President's address—"the Wilson collar," as it was called—which the Institute has riveted upon the necks of all its presiding officers since 1871, was happily removed, and future Presidents will have full discretion in the preparation of the opening address, and may even discuss the subject of "evolution" if they want to. For another shackle broken from the right arm of human achievement, let us rejoice.

The "papers," as a rule, were not good. How, indeed, could they be? Many of them were more or less exhaustive disquisitions upon certain subjects of medical or surgical science, and these *probably* not presented any better than they are given by our standard text-books. We say, "*probably* not," for the fact is, they were not read. The system of synopses prescribed by the by-laws requires a fifteen-minute abstract of the paper to be given, and as it is utterly beyond human power to give in that time the substance of a carefully written fifty-page monograph, and as almost the entire theme is to be found on library shelves, the essays fall stale, flat and unprofitable, and there is no discussion, first, because there is nothing to discuss, and, secondly, because the reading of abstracts consumes all the time. Take the Bureau of Surgery as an example. It reported upon "Inflammation," and presented *nineteen* papers, embracing the causes, progress, complications, terminations, pathology, diagnosis, prognosis, prevention, medical and surgical treatment, repair of its ravages, and the dear knows what else. And yet, so far as the Institute members now know, or can know until the *Transactions* are published, the whole of that magnificent report may not have contained a half-dozen new ideas or original observations of real value. And when the report is published, how many physicians will ever wade through its pages in hope of finding they know not what? Yet, if that score of distinguished surgeons had come together and *just talked* about "Inflammation" for an hour, yea, for a quarter-hour, every physician within hearing would have been instructed and benefited.

This report and all others like it are palpable violations of the Institute's by-law,—violations both of its spirit and its letter. The rule provides that the report shall be upon "a" (i.e., one) "*special* subject," but the very title of these reports proclaims them to be upon a "*general* subject," and the papers embraced in it treat not of one, but of a dozen or a score of special subjects. Last year, at Niagara Falls, a member drew attention to this custom, and cited the report on sanitary science as a case in point. That report, so far as its titles indicated, might have embraced nearly the whole domain of sanitary science and art, from the choice of an occupation to the contagiousness of consumption, and from the tying of a lady's corset-string to the building of a quarantine hospital. It was suggested that there should be a more rigid interpretation of the by-law, but the Institute was not then ready for it. This year its necessity was strongly impressed, and there seems a likeli-

hood that we are to have a change for the better. We do not believe, however, that the business will ever be settled to the complete satisfaction of all the members, until the Institute appropriates a certain portion of time to each bureau, and leaves it to the chairman to decide just how much of that time he will give to the reading of papers, and how much to general discussion. The *time* ought not to be equal for all the bureaus, but, whether longer or shorter, the bureau should have full control of its disposition. Then, the rule which restricts the length of time for the reading of a paper, will be no longer needed, and a bureau chairman's qualifications will be judged by the manner in which he employs his allotted time.

Some of the essays, however, gave evidence of careful thought; and a few were the outcome of original research and observation in the laboratory and at the bedside. These were well received, as such papers always are, and elicited earnest discussion.

There were at least three things done by the Institute this year, upon which the profession is to be congratulated. *First*, the appointment of the committee and editors to revise the *Materia Medica*; *Secondly*, the establishment of a standing and permanent committee to secure unity of action among State and local bureaus of *Materia Medica*, and to form plans to secure more careful and thorough investigations of the properties of drugs; *Thirdly*, the unanimous adoption by the Intercollegiate Committee, representing eleven of the thirteen colleges, of an agreement to require a prematriculate examination in the ordinary branches of a good English education, Mathematics and Natural Philosophy; this, however, not to apply to students who present diplomas from literary or scientific colleges or high schools, or State or County "teachers' certificates." The rule is not to be in effect until the session of 1885-86, because of the fact that some of the colleges have already issued their announcements for the session of 1884-85. The fact, however, is that nearly all the colleges are going to require this examination at the coming session, and doubtless the entire thirteen will require it next year.

In all these projects, homœopathy steps in advance of her allopathic sister. In the councils of the empiric school, such propositions have never yet been heard. The idea of organizing hundreds of physicians in a single line of scientific research, has perhaps never produced the slightest molecular disturbance in the cerebral convolutions of the "contraria" faction to this day.

On the subject of *Materia Medica* revision the Institute was not unanimous. To be more exact, perhaps we should say that the divided sentiment had reference to one of the proposed rules under which the revision was to be made, *viz.*, that one which required the rejection of all symptoms obtained from dilutions above the twelfth decimal, except such as were in harmony with effects obtained from lower attenuations. The objections to this rule were two-fold; *first*, there were members who had full faith in the pathogenetic powers of the higher dilutions, and who held, therefore, that such symptoms should be judged by the same rules as other provings; *secondly*, there was a feeling that the sharp line drawn between the twelfth and the higher preparations had an arbitrary quality not consistent with the openness and liberty which ought to characterize all scientific research. The wording of the rule, however, is such that the whole matter is left largely to the discretion of the Committee on Revision, and that committee includes those who are known to be possessed of a broad liberality in regard to this question, and of sound judgment at the same time; among this number it is safe to count Dr. Richard Hughes himself, on whom the labor of revision will largely rest. The whole committee, indeed, is composed of men of experience, and of those who have been much in contact with the professional thought of the times, and who will necessarily feel that they were chosen for their work, not solely on account of their personal views, but because of their evident ability to carry out the wishes of those whom they represent. The profession, therefore, need have little fear that in the completed work, any special portion of our "provings" will be rejected without due consideration, or without good assignable cause.

THE BUREAU OF MATERIA MEDICA OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.—The report of the Bureau of *Materia Medica*, submitted to the late meeting of the Institute, was novel in its recommendations, and had a novel reception.

Composed of advocates of all potencies, and of those who use exclusively low potencies, the Bureau seemed a representative one.

Upon most points the members of the Bureau were unanimous. All agreed that the *Materia Medica* needs purging, and that it is a desideratum to have as many drugs as possible presented in narrative form, so that the student can advance

tageously study symptoms in the order of their production. All, too, believed that toxic symptoms should be admitted cautiously. And, further, all were of the opinion that condensation should in no instance lead to the sacrifice of any genuine symptom, however insignificant it may seem.

Upon the question of potencies the Bureau was, as might be expected, divided. When, therefore, the proposition was made to reject all provings made with potencies above a certain arbitrary figure, several members demurred. Drs. Cowperthwait and Farrington declared that their convictions were such that they could not accept the proposition. To do so would be to stultify themselves by denying what principles and facts have indisputably taught them. What was to be done? The large majority of the Institute is clamorous for the utter rejection of high potencies, and majorities, having might, will rule.

The nature of the situation, together with the pressing need for a work of the sort designed, led the minority in the Bureau to accept the proposition with the majority, provided their names were appended to the report as dissenters from the false principles taught. They accepted it merely as a matter of expediency. The Chairman, in preparing his report for publication in the *Transactions*, will, we trust, conscientiously and fully explain the position, that due justice may be meted to all.

The acceptance of the Bureau report by the Institute in session was characterized by a spirit peculiar to American politics. When Dr. Richard Hughes was suggested as editor-in-chief, several patriotic physicians eagerly sought the floor that they might denounce such a condescension to another nation. We here represent thousands; our English friends number but a few hundreds. We are to furnish the larger amount of money, and yet England is to claim the editor! American blood began to boil with indignation, and no one can tell to what extreme, stump-oratory would have carried the meeting had not time been given for sober reflection by a wise adjournment of further discussion until the morning session.

The dawn of day brought peace and quiet, and amid apologetic and explanatory speeches, Dr. J. P. Dake was added to the editorship, to save the credit of America. We raise no objection to the gentleman selected as co-editor, but still it grieves us much that a learned body of men cannot rise above the petty matter of politics and let merit decide. If Dr. Hughes is fit for the work, is not that sufficient reason for his appointment? What has literary labor to do with national differ-

ences? He who can do the work best should be the choice, be he English, Irish, German, or American. And had the discussion turned upon the consideration of the one most able, rather than upon national jealousies, the Institute would have added to its intellectual fame; as it is, it has lost in dignity and character.

SHALL THE INSTITUTE MEET AT NEW ORLEANS INSTEAD OF ST. LOUIS?—Just before going to press we received, from Secretary Burgher, information that the Director General and Board of Management of the "World's Industrial and Cotton Centennial Exposition," which opens in New Orleans, La., December 1st, 1884, and closes May 31st, 1885, have invited the American Institute of Homœopathy to hold either an annual or a special session in the Exposition at such time during its continuance as may be most desirable.

The Institute's Executive Committee has the authority to change the place of meeting, but probably would not venture to do so, unless fully assured of the approval of those members who usually attend the sessions. The Secretary evidently desires an expression of view on this point from the *HAHNEMANNIAN*. On such a matter, however, we prefer to get the views of our readers first, and if any of them will write us on the subject, before the eighteenth of July, we will give in our August number a condensed expression of these views, and *that* will be the opinion of the *HAHNEMANNIAN MONTHLY*.

Dr. Burgher suggests, that in case a change is made, the time should be fixed for the latter part of March or beginning of April. At that time, our Northern doctors are usually busy, and the colleges do not close their labors until the first of April or thereabouts; some, indeed, later still. As to the first of these objections, it may be said that those physicians who attend the sessions regularly, rarely allow their practice to prevent their attendance, and probably would not be kept away from the New Orleans meeting by any such consideration. As to the second objection, it is a fact (notwithstanding the custom of disparaging "college men"), that the scientific and business character of the Institute sessions, is very largely moulded and determined by college professors, and a great part of the burden of the Institute's labors rests upon *their* shoulders, simply because they, as a class, attend more regularly than other physicians do, and because they "have a mind to work." If, therefore, any change of *time* is to be made, we hope the meeting will not be held earlier than April 7th

to 10th, inclusive. Now let us hear, from those of our readers who attend Institute meetings, their views, *first*, as to the question of a change of place; and *secondly*, as to the time of meeting in case a change of place is ordered. And we ought not to forget that to the missionary spirit of our profession there comes up from the South, a Macedonian cry for help.

Notes and Comments.

TOULON, FRANCE, in which epidemic cholera has recently appeared, is said to be one of the most uncleanly cities in Europe.

HOMŒOPATHIC VOTERS TAKE NOTICE.—Governor Cleveland has vetoed the bill, appropriating \$25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown, New York.

CAUSE OF ALLOPATHIC HYSTERICS.—And now, U. S. Minister Lowell, another "able" man, "has been ill and is recovering under the innocent ministrations of a homœopathist," Dr. Dudgeon of London. But for mercy's sake, don't tell the London *Medical Times and Gazette*.

A GENEROUS SACRIFICE.—The Cincinnati *Commercial Gazette* is authority for the intimation that the Ohio Medical College will not take, *hereafter*, for dissection, the bodies of persons who have been obviously murdered for the purpose of sale. This will be a heavy sacrifice for the college, but it is no more than the community has a right to expect.—Detroit *Free Press*.

LET WELL ENOUGH ALONE.—The *Evening Telegraph*, referring editorially to the excellent showing made by homœopathists at Deer Park, says that it is now time that our rights as physicians are recognized by the old school, that such recognition must come sooner or later, and the longer that it is delayed, the worse it will be for the old school. But then, *we* are not in any hurry about it.

DARWINISM AND CIRCUMCISION.—A correspondent writes: "The only explanation I have ever heard given by a scientific man to the fact of Jews continuing to be born with foreskins, is the witty repartee, attributed to Professor Huxley, who immediately answered the question, when propounded by a country clergyman, with the quotation: 'There is a divinity that shapes our ends, rough-hew them as we will.'"—*Medical Record*.

NEW TREATMENT OF MASTOID DISEASE.—Dr. Winslow, of Pittsburgh, had a case of mastoid disease, with grave, cerebral symptoms. After incising the thickened membrana tympani, and finding no discharge in twelve hours, he used the Siegle apparatus as a pump, and removed through the membranous slit nearly two tablespoonfuls of bloody serum, with complete relief to the patient, and prompt cure. The case will be reported in full in the next number of this journal.

JUST DISCOVERED.—Dr. J. Roche, in a paper on "Syphilis and Mercury," in the London *Lancet*, says: "There is no doubt in my mind that Mercury is the sheet anchor in syphilis. I believe that the reason of its action is expressed by '*similia similibus curantur*,' or rather '*que similia sunt in similia loco agunt*.' Mercury has its sphere of action in the same manner and place as syphilis; attacks the same organs in somewhat the same rela-

tivity ; it produces a similar fibrino-albuminous diathesis, and in excess or in prolonged use it produces similar degenerations and similar interstitial destructions of tissues and organs as syphilis. I venture to add, it cures by supplanting the virulence of the syphilitic action by one amenable to control."

HARD ON THE GYNÆCOLOGISTS.—Dr. Clifford Allbutt, in his recent lectures on "Visceral Neuroses," thus refers to these useful members of society: "A neuralgic woman is either told that she is hysterical, or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second, she is entangled in the net of the gynæcologist, who finds her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little, or is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted by carbolic acid every week in the year, except during the long vacation, when the gynæcologist is grouse-shooting, salmon-catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery becomes newly apprehensive and physically introspective, and the morbid changes are riveted more strongly than ever."

THE INSTITUTE AND TOTAL ABSTINENCE.—The novel position of *some*, who spoke upon temperance at the recent meeting of the Institute, reminds us of an incident on a Long Island Sound steamer. After a glowing and ardent address upon alcohol and the necessity for total abstinence, the speaker, who was a minister, betook himself, amid the cheers of his enlightened audience, to his stateroom. Chancing to pass an open door, he casually glanced into the room, and observed a dissenter from his recently proclaimed views, enjoying a good-night tod. "Come in," said the latter, "will you have a drink?" "Well, I don't care if I do—a little more, if you please. Thanks.—What are you looking at me in that quizzical way for? Did you hear my remarks a few moments ago?" "Yes, I did—" "Well, my friend, let me tell you, I believe in total abstinence, but for other people, *not for myself!* I'll take a little more, if you have it to spare."

New Publications.

CROTALUS HORRIDUS. By John W. Hayward, M.D. Published by the Hahnemann Publishing Society, London, 1884.

Thus tersely titled, Dr. Hayward's monograph on *Crotalus* as a medicine is offered to the profession. It comprises an extensive bibliography, a full description of the natural history, character of the venom, and preparation of the poison of the rattlesnake; also the toxicology, effects, general and constitutional, of the virus; and, finally, an exhaustive examination into the pathogenetic effects. The latter details the symptoms obtained from bites and from provings, and offers numerous suggestions as to therapeutics, pathogenetic effects, and so forth. Each section is furnished with a complete index. The entire work covers 381 pages.

We hardly know how to express ourselves after reading this work of our esteemed English colleague. We have no fault to find with it, our difficulty rises rather from our inability to adequately commend it. It is a classical monograph, modest in pretensions, but unsurpassed in comprehensiveness; and cautious in suggestions, but bold in facts.

It is a literary labor of which homœopathy may be proud, and which others would do well to imitate, if they would seek a reputation, and desire to place *materia medica* in a complete and usable form for the profession. F.

PRACTICAL MANUAL OF OBSTETRICS. By Dr. E. Verrier. American Edition, edited by E. L. Partridge, M.D. The April number of Wood's Library for 1884.

The book before us claims to occupy an intermediate place between students' manuals on the one hand, and elaborate treatises on the other.

We see nothing especially new in the work. Suggestions, rules, and other forms of directions are clearly expressed, and generally acceptable. We are sorry, however, to see that the author finds fault with Crede's method of removing the placenta, and adheres by preference to the absurd traction on the cord. In this matter we may learn much from primitive and uncivilized nations; they *push* out the placenta rather than *pull* it out. F.

HOOPER'S PHYSICIAN'S VADE MECUM; Tenth Edition. Revised by W. A. Guy, M.B., and J. Harley, M.D. Vol. i. The May number of Wood's Library for 1884.

This work has, for over fifty years, "enjoyed the confidence and esteem of the profession." It scarcely needs any further introduction. F.

THIRTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE. Middletown, N. Y., 1884.

We commend this report as indisputable evidence of the superiority of the homœopathic over all known means of treating mental aberrations. Personally we congratulate Dr. Talcott and his co-workers on the rich fruits gathered from their years of hard work. F.

THE ARCHIVES OF PEDIATRICS. A Monthly Journal devoted to the Diseases of Infants and Children. Edited by William Perry Watson, A.M., M.D., Jersey City, N. J. Subscription price \$3 per annum.

Four numbers of this journal have already been received and we have seen enough of it to convince us that it is a valuable addition to the periodical medical literature of America. Thus far the original articles have all been of sterling worth. The abstracts and translations are well selected and well prepared. Let us hope that a journal which gives us such good material will be generously supported by the profession. B.

Gleanings.

THE OPERATIVE TREATMENT OF PURULENT PLEURAL EFFUSIONS.—Drs. Bruen and White, in a paper on the above subject, read before the Pennsylvania State Medical Society, formulated the following as their con-

clusions: 1st. Those cases of pleural effusion which are most likely to become purulent, and, therefore, to need operative treatment, are those occurring in persons of lowered vitality, scrofulous diathesis, or who suffer from intercurrent disease. 2d. The diagnosis of empyema can only be made with absolute certainty by puncture and inspection of the fluid. This method of examination need not be delayed for fear of favoring the purulent transformation of a serous fluid, if proper aseptic precautions are observed. 3d. In young children, one or two aspirations will often suffice for a cure. If these fail, simple incision of the chest without the introduction of a drainage-tube is often all that is requisite. 4th. In older children and in adults, it is proper to aspirate once; but recovery not resulting promptly, a large drainage-tube should be inserted at the most dependent point. 5th. If, after this, drainage is still imperfect, as shown by the fetid character of the discharge, a second opening should be made and a tube carried directly across the base of the cavity. 6th. If, after a suitable delay (from two to four months), there is no disposition to permanent closure of the suppurating cavity, but if the lung has expanded sufficiently to indicate that it is capable of further descent, it would then be proper to facilitate its expansion and the obliteration of the cavity by removing certain portions of the ribs of the affected side. 7th. If thorough drainage is accomplished, the use of disinfectants by intra-thoracic injections is rendered unnecessary, unless a stimulant to the granulating surface is required. 8th. In cases in which the lung is at the bottom of the chest, and bound fast to the diaphragm, or in which it has been so atrophied prior to aspiration that there is no possibility of reinflation, or in which it is occupied by a tuberculous or an inflammatory infiltration, this operation is contra-indicated.—*Med. and Surg. Rep.*, May 24th, 1884.

ON THE RELATIONS OF OVULATION AND MENSTRUATION.—A generally accepted opinion respecting the physiology of menstruation has been that the condition of the female organism at this period, is apparently analogous to the heat or periodic sexual excitement of the lower animals; that menstruation is the result of ovarian excitement due to the maturation of a Graafian follicle, and the readiness for the escape of its ovuli. Mr. Lawson Tait refuses to accept the above theory, and offers evidence obtained from the examination of ovaries of women, on whom he had performed abdominal section, to prove that menstruation depends not on the ovaries for its performance, but on the Fallopian tubes. Cases have occurred in which both ovaries have been removed, yet menstruation has continued. Mr. Tait's observations (forty-nine in number) show that in nine cases menstruation and ovulation were concurrent. In fifteen cases there was negative, and in twenty-five, positive evidence against the ovular theory of menstruation. His observations further lead him to believe that ovulation is a continuous process. Taking then the average period of menstruation to be one-seventh of the month, we ought to have seven instances of ovulation observed during the menstrual period, a number closely corresponding with the number observed by Mr. Tait. As inconsistent with the ovular theory of menstruation, the fact has been pointed out that the most marked menstruation has been in cases of diseases of the tubes. As against the theory that menstruation corresponds to the season of heat in the lower animals, we have the well-known fact that coition is distasteful to both sexes during the flow. By Jewish law, coition is prohibited for a period of eight days after the cessation of menstruation, yet Jewish women are very fertile. This would not be so were the theories commonly held, the correct ones.—*Medical Times and Gaz.*, May 10th, 1884.

DIFFERENT FORMS OF ERUPTION IN DIPHTHERIA.—Among the cutaneous complications of diphtheria, Fränkel (*Arch. f. Kinderh.*) has observed

the following: (1.) Petechial and hæmorrhagic patches, which are found with and without laryngeal stenosis, usually in small numbers upon the body and limbs, both at the beginning and end of the disease. With them are often associated extravasations into the serous membranes. Jungneckel believes that the extravasations are the result of micrococcal emboli. (2.) Erythematous affections of the skin, which render possible a mistaken diagnosis of scarlatina; they are accompanied, however, by no desquamation. (3.) Unna has reported one case in which there occurred a papulopustular eruption suggestive of small-pox. All these cutaneous phenomena render the prognosis of the diphtheritic affection less favorable, because they demonstrate a general infection.—*Archiv. Pediat.*, May 15th, 1884.

THE OSMIUM COUGH.—Dr. J. C. Burnett was consulted by a patient for a cough that was particularly characterized by *noise*; and the noise was as if produced by resonance from the somatic parietes, much like the sound heard when one coughs into an empty tub, though not quite so hollow. The lungs were slightly emphysematous, but otherwise quite healthy. Osmium promptly cured the case. Osmium also cured a cough for a young lady. It was described by her as “very noisy, dry and hard, coming from low down, and shaking her body a good deal.” Testicular and ovarian irritation is a valuable concomitant quality of the osmic cough.—*Homœopathic World*, May, 1884.

SCIATICA AND FARADISM.—When rheumatism unquestionably stands in a causative relationship to sciatica, the galvanic current, according to Dr. V. P. Gibney, only aggravates the pain, while the faradic or the static current will give decided relief.—*Medical Record*, June 7th, 1884.

THE TREATMENT OF PERINEAL INJURIES OF THE URETHRA.—Dr. C. Kaufmann (*Centralbl. Gesamt. Therap.*), after a general consideration of this subject, draws the following conclusions: 1. In all cases in which catheterization is difficult, or not very practicable, the perinæum should be incised, cleaned out, and disinfected. In small transverse wounds spontaneous union should be attempted; in complete rupture of the urethra, sutures should be employed so as exactly to approximate the edges. The catheter should only be used during the first few days, and should never be left in the urethra. 2. Treatment with the permanent catheter should be entirely abandoned. Whenever a sign of inflammation appears the perinæum should be incised. 3. Cystotomy, as a method of treatment, should be given up, and only be used in cases of retention.—*Medical News*, June 7th, 1884.

SYSTOLIC MURMUR AT THE APEX IN A CASE OF AORTIC LESION.—One of the elements of a cardiac murmur, to which great importance is given, is its seat of maximum intensity; when this is at the base of the heart, an aortic or a pulmonary lesion is diagnostic; when at the apex, a mitral lesion; and, between the apex and the epigastrium, a tricuspid lesion. All clinicians know that the seat of maximum intensity of the diastolic murmur of aortic insufficiency is sometimes heard below, along the left border of the sternum and toward the xiphoid cartilage; but, so far, a systolic murmur, heard only at the apex, and due to an aortic lesion, has never been reported. The following case, reported by Dr. Weill, of Lyons (*Revue de Medic.*), also seen by Professor Lepine and several of the hospital physicians, is very interesting. P. P., æt. 47, had always been in excellent health, until four years ago, when he had acute, articular rheumatism. The trouble, of which he died, began five months before his entrance, with insomnia, oppression and palpitation, and œdema of the lower limbs. The apex beat was in the sixth interspace outside of the nipple. The shock was perceived with difficulty. The beats were regular, and there was no fremitus. Auscultation showed a rude systolic murmur at the apex, short

and blowing. It was audible over the sternum and base, and was propagated toward the axilla. It did not encroach on the diastole or the presystole. There was no carotid murmur; the radial pulse was regular and sufficiently strong. The patient did not complain of precordial pain, and no sensitive spot could be found in the intercostal spaces. The area of cardiac dulness was not increased. There were a few pulmonary râles, the liver was enlarged, the urine albuminous, and the limbs showed a few purpuric spots. At the autopsy, the examination of the mitral orifice and valves showed that they were absolutely sound. The left auriculo-ventricular orifice was not dilated, and the ventricular cavities, although enlarged, did not have a greater mean diameter than two inches. The aortic orifice was sound, and about two and a half inches in circumference. The sigmoid valves presented on their internal surface, near their free border, small fibrous nodules, arranged perpendicular to the axis of the vessels, having a length of from four-tenths to six-tenths of an inch, and a projection of from one-eighth to one-sixth of an inch.—*Medical News*, June 7th, 1884.

THE SIGNIFICANCE OF METRORRHAGIA RECURRING ABOUT AND AFTER THE MENOPAUSE.—Metrorrhagia, recurring about the menopause, is as likely to be the result of disease in the uterus, or its appendages, as it is at any previous period. The popular belief, that flooding at the change of life is physiological, often results in harm, and should be discouraged. Many physicians also believe that profuse hæmorrhages are often necessary at the period of the menopause, that the blood-loss is depuratory or critical, and that it protects the vital organs from injurious congestion. This, Dr. B. F. Baer believes to be erroneous. Why should there be a necessity for the traditional flooding at the menopause? It has no analogy in comparative physiology. It does not relieve symptoms, for in those very women who suffer most from irregular hæmorrhages at this period, the so-called signs of the approaching change of life are most marked. When apoplexy occurs at this time of life, it is the result of degenerative changes in the bloodvessels, and not of plethora. Women suffer less since venesection has been abandoned, than when it was practiced regularly. When the menopause is retarded beyond the usual period, the cause can often be found in some disease connected with the sexual system, and this is frequently one of long standing. When metrorrhagia occurs after the menopause has been established, it is almost invariably the result of a pathological change in the tissues of the uterus. Dr. Baer is not quite ready to accept the statement of Dr. T. G. Thomas, that "there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause."—*Amer. Journ. Obstet.*, May, 1884.

A CONTRIBUTION TO THE STUDY OF CONGENITAL SYPHILIS.—Dr. John N. Mackenzie gives the history of a case of congenital syphilis in which ulceration of the throat was a marked phenomenon. This progressed in spite of the remedies employed to check it until the child was taken with a mild form of scarlatina, when the ulceration at once began to heal. When the stage of desquamation was reached, cicatrization was complete. In his remarks on the case, which is but typical of a class, he says that frequently specific ulcerations in children stubbornly refuse to cicatrize. Under such circumstances when remedial measures are apparently of little or no avail, they sometimes cicatrize, as if by magic, on the accession of an acute disease. While congenital syphilis affords no absolute protection against certain acute infectious diseases, its existence in the individual seems often, other things being equal, to mitigate their severity and exert a favorable influence on their course. Certain acute diseases, accompanied by an exanthem, favor the dissipation, at least temporarily, of the throat and other manifestations

of syphilis. While at no period of the disease is the child exempt from these affections, they are more liable to be contracted during the period of latency,—that curious interval of apparent health in congenital syphilis, which Cazenave has poetically called the sleep of the virus. These remarks are limited to scarlet fever, measles and chicken-pox, but they could doubtless be extended to embrace others of the exanthemata; or, in other words, to those diseases which present a certain analogical resemblance to syphilis. They do not apply, for obvious reasons, in the case of excessive virulence of the syphilitic cachexia or malignant epidemic influence of the intercurrent disease. Of special interest is the effect produced by acute febrile disease upon the throat lesions of congenital syphilis. Chronic inflammatory conditions and ulceration of the larynx, pharynx, and nasal passages are often influenced in a remarkable manner through the presence in the individual of an intercurrent febrile affection. This is, moreover, eminently true of those acute blood diseases with special tendency to local manifestations in the throat, such as scarlet fever, measles, diphtheria, etc. According to personal experience, scarlatina and measles exert, as a rule, a favorable influence on the course of the throat affection, their supervention being of itself sufficient to cause its complete disappearance. The poisons of the two diseases in their circulation in these regions appear to be mutually destructive, and the throat escapes by virtue of such reciprocal antagonism. The cure here may be permanent, or relapses of the inflammatory or ulcerative process may follow the removal of the antagonistic influence of the intercurrent disease. These remarks do not apply to diphtheria. When this affection supervenes during the existence of lesions in the throat, the patients rapidly succumb to the disease. The existence of syphilis in the child apparently increases the tendency to membranous formation; indeed in some instances, apart from the presence of the diphtheritic process, there seems to be a special tendency to fibrinous formation in the nose and retro-nasal space.—*N. Y. Med. Journ.*, May 31st, 1884.

ON STRONG MENTAL EMOTION AFFECTING WOMEN AS A CAUSE OF IDIOCY IN THE OFFSPRING.—At a meeting of the Obstetrical Society of London, held May 7th, Dr. Arthur Mitchell remarked that this cause is often assigned by the mother, but in most cases without sufficient reason, especially as more probable causes can usually be discovered occurring after birth. In some cases, however, he has convinced himself that this is the true cause, especially if the mental state has been protracted, and if the rapidity of developmental changes in the fetus be considered. Such disturbance may act either as arrest or as misdirection, and probably through the bodily health of the mother. Sudden emotions may, in some cases, have a similar effect; under such conditions, patients have described violent foetal movements following the shock, and afterwards a cessation of movements for some days. Such movements are probably convulsive, and if so, are quite capable of accounting for permanent mental damage. Mental emotion is known to lead to abortion, sometimes apparently preceded by the death of the fetus.—*Med. Times and Gaz.*, May 31st, 1884.

A NEW SPONGE.—Mr. Sampson Gamgee, after a number of experiments with a variety of materials with a view to preparing a sponge combining absorbing power and elasticity, and cheap enough to be burned after use, has found that a ball of cocoanut fibres, inclosed in absorbent gauze, sinks in water. That established, he made other balls with absorbent cotton in the centre of the cocoanut, absorbent cotton round it, and then the gauze envelope, the idea being to take up the fluid rapidly, and transmit through the springy cocoanut fibre to the absorbent cotton centre. He found that a ball so made, takes up most readily from sixteen to eighteen times its own weight of blood or water, which, when squeezed out, leaves the ball elastic


and absorbent, readily filling and swelling out again, when dipped in liquid and squeezed a number of times in succession. Having secured a good combination of fibres, it became a question how to render them perfectly and permanently antiseptic. Mr. Gamgee thought that within the absorbent-cotton nucleus of the sponge might be inclosed a very thin ball or capsule containing the antiseptic of any kind, and within certain limits, in any quantity desired, the antiseptic to be set free by cracking the capsule with a squeeze just before using the sponge.—*Lancet*, May 3d, 1884.

UMBILICAL HÆMORRHAGE.—A case of this usually intractable disorder terminated favorably under the charge of Dr. Charles K. Mills. The trouble was associated with hæmatemesis. The hæmorrhage was controlled by transfixion with needle and a half-drop of aromatic sulphuric acid administered every three hours.—*Phila. Med. Times*, May 31st, 1884.

PHOSPHORUS-POISONING.—FAT IN THE URINE.—E. Schütz (*New Orleans M. and S. Journ.*) reports the case of a servant girl admitted into the infirmary who had four days previously vomited and experienced pain in the stomach. She denied having poisoned herself. The skin had a yellowish color. The liver was enlarged. The urine was albuminous. The jaundice became worse in the following days. In the urine, numerous small polygonal and oval epithelial cells were seen which presented the highest degree of fatty degeneration. There was no trace of nucleus or protoplasm, but on the contrary closely compressed, generally large drops of fat partly concealing the borders of the cells, and also abundant small drops of fat floating about free. Death took place three days after admission. The autopsy confirmed the diagnosis of phosphorus poisoning.—*Analectic*, May, 1884.

CYANURET OF MERCURY IN DIPHTHERIA.—Dr. E. M. Hale calls attention to the favor with which the cyanuret of mercury in diphtheria is held, not only by homeopaths, but by certain old-school physicians as well.—*American Homœopath*, June, 1884.

News, Etc.

 *News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.*

DR. RICHARD HUGHES sailed for home, June 21st.

LOCATED.—T. S. Davis, M.D. (Hahnemann, Philadelphia, 1884), has settled at Plainfield, N. J.

ARCHIVES OF PEDIATRICS.—This journal will hereafter be issued from the New York office (743 and 745 Broadway) of John E. Potter & Co., of 617 Sansom Street, Philadelphia.

MEDICAL SOCIETY OF NORTHERN NEW YORK.—The summer meeting (thirty second year) of the Medical Society of Northern New York, will be held at the Town Hall, Saratoga Springs, Wednesday, August 6th, 1884.

BROOKLYN HOMŒOPATHIC HOSPITAL.—There are two vacancies in the house staff of this hospital to be filled by competitive examination. Appli-

cants should communicate with Dr. Edward Miner, 114 Gates Avenue, Brooklyn.

REMOVED.—Malcolm B. Tuller, M.D., from Millville, N. J., to Woodbury, N. J., where he has formed a copartnership with Dr. W. McGeorge.

J. H. Way, M.D., from West Chester, Pa., to 1905 Pacific Avenue, Atlantic City, N. J.

DR. H. J. CATE, late of Poughkeepsie, N. Y., has opened a homœopathic sanitarium at Saratoga Springs. The treatment employed is homœopathic, although "all local and external means possessing well-proved helpfulness" will be used. The house will be open through the year. Reductions from the usual terms are made for physicians and their families.

THE PENNSYLVANIA HOMŒOPATHIC HOSPITAL FOR CHILDREN is the only hospital in Philadelphia to which children under two years of age are admitted. During the year ending April 30th, 1884, twenty-two of the total one hundred and four patients, treated in its wards, were of this class, yet the total mortality in the institution was but five,—certainly, a most excellent exhibit. Of these deaths, two were caused by inanition, and three by broncho-pneumonia. Contribution to the treasury of such a hospital is money well invested.

COLLEGE OF THE NEW YORK OPHTHALMIC HOSPITAL; Instruction in Diseases of the Eye, Ear, and Throat.—The State of New York has granted a charter to the above-named institution, authorizing it to confer the degree of *Oculi et Auris Chirurgus* upon those who pass the requisite examination, and also to confer certificates in Laryngology. For announcements, etc., application should be made to Henry C. Houghton, M.D., *Dean*, No. 12 West Thirty-ninth Street, or to F. H. Boynton, M.D., *Secretary*, No. 30 West 33d Street, New York City.

THE TWENTIETH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, will be held in Pittsburgh on the 16th, 17th, and 18th of September next.

All members of bureaus, or others, who are preparing papers for presentation, will confer a favor by sending the titles of their papers to the secretary as soon as possible.

Further particulars will be announced as soon as arrangements are completed.

R. E. CARUTHERS, M.D., Corresponding Secretary,
Allegheny, Pa.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The twelfth annual meeting of the association will be held at St. Louis, Mo., October 14th–17th, 1884. The following topics will be presented for consideration: 1. Hygiene and habitations of the poor. 2. Hygiene of occupations. 3. School hygiene. 4. Adulteration of food. 5. Water pollution. 6. Disposal of sewage by irrigation or chemical action. 7. The observable effect upon the public health of official sanitary supervision. 8. The work of municipal and State boards of health.

Extensive preparations are now under way for making this the largest meeting that the association has ever held, and the committee urge the attendance and coöperation of persons in all trades and professions interested in the advancement of public health and general sanitary science.

A circular, giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

All inquiries of a local character should be addressed to Dr. Joseph Spiegelhalter, Chairman of Committee of Arrangements, St. Louis, Mo.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO held its twentieth annual session at the college building, Cleveland, O., on Tuesday and Wednesday, May 13th and 14th, 1884. The President, Dr. J. C. Sanders, of Cleveland, called the society to order, and delivered his annual address, in which he spoke of the advancement of homœopathy during the past year, but lamented the widespread selfishness so prevalent in all schools of medicine.

The bureau reports showed many valuable papers. The Bureau of Anatomy, Physiology, and Pathology was especially interesting. Most of the papers were accompanied by pathological or histological specimens.

Officers for the ensuing year were elected as follows:

President.—Dr. R. B. Rush, Salem.

First Vice-President.—Dr. J. D. Buck, Cincinnati.

Second Vice-President.—Dr. E. R. Eggleston, Mt. Vernon.

Secretary.—Dr. H. E. Beebe, Sidney.

Assistant Secretary.—Dr. S. R. Geyser, Cincinnati.

Treasurer.—Dr. W. T. Miller, Cleveland.

A telegram of greeting was received from the New York State Society. Delegates were present from the Iowa and Michigan State Universities, and from various local societies.

HOMŒOPATHIC PHYSICIAN WANTED.—EDITORS OF THE HAHNEMANNIAN MONTHLY.—During the last two weeks I have received a number of letters from different persons residing at Yazoo City, requesting and urging that a homœopathic physician be sent to their town.

There are a number of "homœopathic" families residing in and around Yazoo, and owing to want of success of allopathic treatment, and a lost faith in Calomel, Quinine, and Morphia, there are many more anxiously waiting an opportunity to be converted. The following remark from an old-school patron will show how many of them feel: "Were a homœopathic physician to come here now, well recommended, he would be well patronized."

Yazoo City is one of the many Southern towns which have recently thrown off the lethargy which followed the late civil disturbance, and new blood, new energies, new capital, etc., are simply making it boom; it holds forth good promises for the future, and the right man in the situation will, no doubt, find a large and lucrative practice.

I inclose a letter from Mr. J. W. Champlin, a prominent merchant of the place, which gives a comprehensive view of the town, its resources, its expectations, and the kind of a man wanted. He (Mr. Champlin) will be glad to correspond with any physician desiring further information.

As my reason for trespassing upon your time and space, permit me to close with the words of a lady patient of Yazoo: "We feel so desperately helpless in time of sickness, that I trust you'll kindly and favorably receive our appeal."

Hoping that some one will respond to this cry for help,

I remain, gentlemen, yours faithfully,

WILLIAM W. VAN BAUN.

YAZOO CITY, MISS., May 22d. 1884.

WILLIAM W. VAN BAUN, M.D., 1742 N. THIRTEENTH STREET, PHILADELPHIA, PA.

DEAR SIR: Yours of the 12th is before me. Yazoo City has about three thousand inhabitants. I think I can safely say there are ten families,

known and pronounced homœopathists—perhaps more, if the surrounding country is included. The town depends on agriculture for its business, principally. At this time there is a wagon and buggy factory, and a cotton-seed oil mill; the latter doing quite a large business; one bank; and one railroad terminating here, for the present. Is situated on the Yazoo River 90 miles from Vicksburg, and has a regular packet three times a week. Has a rich country around it, and is a live town, doing more business than any other town of its size in the South—or North either. The railroad connects at Jackson, Miss.—45 miles,—the capital of the State, with the Illinois Central Railroad, and is a branch of, and owned by that road, and is just completed to this point. It is in contemplation to continue it to the Mississippi River opposite Helena, Ark. An effort is being made to establish a cotton factory, and an agent is now in New York city looking to that end.

A man of some experience as a physician would get a good practice at once, and, if the right kind, would build up a large one.

I would not recommend a fresh graduate to come, as I fear the people would not have much confidence in such, unless he was a man of good and mature judgment. A very young man, I think, would not succeed at first, and it would be up-hill work for some time, whilst a man of some experience would get a practice at once. I would suggest that if any one could come out, it would be better to come and look the ground over first. I think they would be pleased. To get here they could come to Jackson, Miss., from thence by Yazoo City and Mississippi Valley Railroad to this place.

Yours truly,

J. W. CHAMPLIN.

HONORS TO DR. RICHARD HUGHES.—In the Hotel Vendome, Boston, there was recently tendered to Dr. Richard Hughes, of England, and to the graduating class of the Boston University School of Medicine, a complimentary dinner by the faculty of the university, which was a signal and magnificent success in every particular. There were more than one hundred persons present. Among the invited guests were his Excellency Governor Robinson, Hon. George A. Bruce, President of the Senate, Hon. A. W. Beard, Hon. Frederick Wilcomb, of Ipswich, Senators George L. Burt, Charles Whittier, and Edward P. Loring, Professor J. H. Smith of the Homœopathic Society of Massachusetts, and Dr. J. P. Sutherland of the Boston Homœopathic Society. Among those present also were President Warren of the university, Mr. T. Bailey Aldrich of the *Atlantic Monthly*, Mr. W. D. Howells, the novelist, Mr. John R. Murphy of the *Pilot*, Mr. Chester W. Kingsley of Cambridge, Dr. Caroline W. Hastings, and a number of lady physicians of the alumni of the association. Until nearly 6.30 o'clock the time was passed in a social manner, during which the graduates were introduced to the governor and other invited guests. At the table, Dr. I. T. Talbot, the Dean of the Medical School of the University, presided. On his immediate right sat Dr. Hughes, and on his immediate left sat Governor Robinson. The other invited guests occupied seats at the head of the table upon either side of him. The graduating class sat at the centre table, directly in front of the Dean. There were thirty present. Many of them were ladies.

After the *menu* had been fully discussed, Dr. Talbot called the company to order, and proposed toasts to Dr. Richard Hughes and to the graduating class of the Boston University School of Medicine, 1884. Both toasts were most enthusiastically responded to by the company, and the applause was most untinted. The Doctor then proceeded to award prizes to such members of the class as had earned them by devotion to their work.

Continuing his remarks on another theme he said. "Up to the present year, though we, as homœopaths, had received recognition at the hands of the State in charters, accorded to our State society, hospital, and dispensary, none of the State medical institutions have been placed under our charge, but the present State government has seen fit to establish at Westboro—in a location of rare beauty, with large and capacious buildings already erected, and \$150,000 to put them in complete repair—an insane hospital, to be placed wholly under homœopathic management. This generous conduct of the State throws upon us a burden of responsibility. Let us meet it by giving to the inmates of this hospital the best results of the healing art. Yesterday His Excellency the Governor completed the generous act of the State by affixing his signature to the charter of the Westboro Insane Hospital. To-day we have him with us, and it gives me pleasure to introduce His Excellency the Governor." Governor Robinson's reception was a genuine ovation. He said, in brief: All doctors, I suppose, except myself, and so accustomed were you to call each other "doctor," that I found, on being introduced, many called me "doctor." I thank you very much, but I am a doctor of another kind; I am a victim, rather than a doctor. I am very glad indeed to be here and receive your compliments and courtesy at this time. Before the governor can affix his signature to any act, it is necessary that the legislature shall act together in favor of the bill, and so, if there is any praise to be given, I beg you to share that with the other branch of the government over which I have no control, and, of course, they are responsible. They are here in large numbers to-night, and not only outnumber me, but can outspoke me. I desire to here remind them that much of the debate they have practiced these long weary months has not been heard by me at all, and I trust they will confine themselves entirely to the subject of homœopathy, and, if they speak upon any other ground, they shall only deal with those subjects in homœopathic doses. Now, I cannot speak learnedly or attractively upon the subjects with which you are most interested. Whether through perversity or ignorance or weakness, I am of the other school of medicine. At any rate, all the medicine I have ever taken has been of the other kind—and it is a precious little of that. I understand that your theory is to give just as little medicine as possible, and I think that patients will all rejoice and live longer to rejoice for it. I congratulate this class I see here in the centre of the room upon the attainment of their diploma, and also on their admission into the fellowship of the profession. I am a little inclined to think that the young gentlemen of the school are permitting the ladies to take most of the prizes. I think that, where a class numbers thirty-four, and seventeen are ladies, and gain most of the prizes, the ladies have very much the larger share. You may, perhaps, another year scramble the closer, that the homœopathic hospital shall be entirely in charge of ladies. Now, it is no credit to me at all, and I claim none, that I affixed my signature to that bill. If, in my judgment, it was right, it was my duty; and, if not, it was my duty to decline. And it is just so with the action of the legislature. But we all thought it was the right thing to do, and I entirely agree with it. Although I have not been led to practice in that school, the world has gone altogether too far along in this day that a man has to be saved, either bodily or spiritually, by somebody else's theories. If we are men and want freedom, as I trust we do, we mean to let every man and woman have a fair chance to work in his or her own way. If it is a good way, it will demonstrate itself. If it is a wrong way and leads to wrong—I do not mean crime or degradation, for of course our laws guard against these—but, if its tendency is simply to ignorance and nonsense, the people will surely find it out in their intelligence, and cast it aside. Now there has been enough demonstrated—although I do not agree with you, and I am frank—there has been enough demonstrated to command attention, to command trial and command trust,

and I would not be a man if I were not willing to let you try it. My friends, more depends upon your school of medicine than upon legislation. The enterprise is to be put forward. It is in your hands. If it should be a failure because of mismanagement, because cheap men are put into or are in charge of it, it will tend, of course, to the depreciation of your theory, and possibly also in its application. Now, it lies up close to every single one of you that you shall see to it that you make for it the success claimed for it in other States and communities, and also to see to it that there shall be no medical department that is not an absolute success, so that you can open the doors wide and say to everybody, even your sharpest critics, "Come you and look." It is a high trust. Your personal honor is worth saving, and your association is worth elevating, and it is something for you to carry the mace of Boston with you wherever you go, and the name of the university also. The best benediction I can give you is, may you become the best and most honorable practitioners, and by your devotion to duty keep your manhood and womanhood bright and an honor to the human race.

Addresses then followed by Professor J. H. Smith, Drs. J. P. Sutherland and Howard Packard, Hon. George A. Bruce, and Hon. A. W. Beard. The last speaker of the evening was Dr. Richard Hughes, of England. He said that in his country, when one's health is drunk, it is the custom for that person to immediately rise and respond. His health had been drunk three-quarters of an hour before that, but he had not been able to respond. His heart was filled with gratitude because of the very cordial reception he had received. He had come over to this country to spend his annual holiday, and in visiting homœopathic institutions, and he had no thought of being brought into such prominence. At the request of the faculty of the Boston University, he had delivered lectures to the students with great pleasure, for he could not refuse so flattering a request. The speaker detailed at some length the obstacles which the homœopaths in England have to contend with, and said that they could hardly make good their death losses. In this country large numbers are graduated from homœopathic institutions every year. In closing his remarks, Dr. Hughes spoke of England and America as the two nations which would eventually mould and dominate the progress of the world, and it must be a pleasure to all Americans and Englishmen, he said, to note the ties which are binding the two countries together. He counselled the graduates to be true and firm in the path of duty. As Dr. Hughes closed his remarks, he proposed the health of Dr. Talbot, the Dean of the Medical School, which was drunk by all standing.

In response, Dr. Talbot spoke of the encouraging signs of the times. He said the prejudices of the past were fast disappearing, and the future looks brighter than ever before.

At the conclusion of Dr. Talbot's remarks the company departed.

MARRIED.—**WILLIAMSON**—**COTRELL.**—On Tuesday evening, June 3d, 1884, at the residence of the bride's mother, in Albany, N. Y., Dr. A. P. Williamson to Miss Cornelia Cotrell.

MCCLELLAND—**PEARS.**—On Thursday, June 26th, 1884, James H. McClelland, M.D., and Miss Rachel May Pears, both of Pittsburgh, Pa.

DECEASED.—**HALL.**—On Wednesday morning, June 4th, at her home, Altoona, Pa., Mary E. L. Hall, M.D., wife of William D. Hall, M.D., aged 40 years. She was a graduate of the Woman's Medical College of Philadelphia, Class of 1864.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

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No. 8.

Original Department.

THE FULFILMENT OF THE INDICATIO CAUSALIS IN GENERAL.

BY DR. H. G. SCHNEIDER.

(Translated by Emil Tietze, M.D., Altoona, Pa.)

(Continued from page 302.)

III.

IN addition to the remarks in article II. (see page 409) I will not omit to relate an exceedingly interesting case of secondary syphilis treated by me recently.

Severe Case of Laryngosyphilis.—The landed proprietor R., residing at a village in the neighborhood of Magdeburg, contracted a chancre twenty years ago (1852) which was removed by the resident physician by the customary mercurial treatment.

Sometime afterwards an angina made its appearance which would not give way to the remedies administered. At a later date, sore spots in the oral cavity and a slight itching eruption on the scalp were observed in addition to the former. Subsequently condylomata and plaques at the anus developed, which sometime afterwards caused the most terrible annoyances, and obstinately resisted for awhile all medical prescriptions, but eventually were removed by external remedies.

Finally, in February 1871, after a recent period of latency, a swelling of the testicle appeared which reached the size of a fist, was as hard as a stone, caused a good deal of trouble, and, afterwards was followed by hoarseness.

Both manifestations of *lues*, according to the testimony of the patient, were not considered as such by his physician and by a celebrated physician of this place consulted by the former.

Against the increasing hoarseness and swelling of the testicle, the city-physician unsuccessfully employed the most energetic antipathic remedies for eight months. During that time, the swelling of the testicle developed to the size mentioned, and then remained stationary so that castration was proposed, and the laryngeal disease progressed, meanwhile, without stay.

In February 1872, the patient came to me requesting advice. He was totally hoarse, could speak only with effort, and suffered from *asthma glotticum* which annoyed him in walking and during any bodily exertion, and interrupted his sleep at night. Besides, he had plaques on the lips, and the hard swelling of the testicle already mentioned.

I had, previously, observed slow but radical cures of various severe cases of *laryngosyphilis*—though none of so old a date and so malignant a form—upon the administration of Acid. nitric; and, for the reason that this remedy corresponded to the symptoms, prescribed it for the patient, and directed him to mix from four to eight drops of it with a cupful of water, and to take thereof a tablespoonful four times a day.

Some time afterwards the plaques on the lips became smaller and of a pink color; subsequently the swelling of the testicle decreased, and, finally, speaking became somewhat easier, and respiration more free.

But in May, owing to a cold contracted during a journey, a gastric catarrh with putrid taste and vomiting of food, and a bronchial catarrh, the violent cough of which favored the vomiting of food, appeared as accessory troubles. In consequence of these affections, the laryngeal disorder was so aggravated that the patient for want of breath could scarcely walk a few steps, and hardly dared to fall asleep at night for fear of suffocation. The swelling of the testicle, on the other hand, had disappeared almost entirely, and so had also the plaques.

This complication disappeared at the beginning of July upon the administration of the remedies indicated, and the laryngeal trouble had much improved; in August, however, he was attacked by another bronchial catarrh with fever which so aggravated the laryngeal affection that he was in constant danger of suffocation.

On account of these conditions I advised him to have his throat examined by Dr. Jacoby, the specialist for throat-diseases, of this city, and to report to me the result of the examination.

The latter revealed paretic phenomena on inspiration, and

Dr. Jacoby declared that it would be necessary to form another air-passage, if the difficulty of respiration should increase.

The patient also received of him a prescription of Iodide of Potassium (15.00 to 180.0 of water—a tablespoonful three times a day).

I at once assented to the use of this remedy, and truly felt ashamed not to have already thought of it myself; since the case in question was, undoubtedly, a malignant complication of lues with mercurialism, and Kali jodatum corresponded not only to the symptoms, but, given in large doses, according to Jos. Hermann's experience, also effects the excretion of the mercury by the kidneys, demonstrable by experiment. For this reason I permitted, without hesitation, such doses to be taken, as an exception, in this case.

August 21st, patient commenced taking the Iod. kalium.

August 29th, I saw patient again for the first time. His face wore a very joyful expression. The curative action of the Iod. kalium had proven itself unmistakingly. The lips had covered themselves thickly with plaques, which discharged a good deal, a burning exanthem had appeared upon the body, and the difficulty of breathing, endangering life, had almost entirely disappeared.

September 6th, The plaques upon the lips heal, the eruption is still present but much reduced, and the laryngeal affection has so much improved that the patient can speak without effort in a tolerably clear voice, and walk for miles without any inconvenience. Consequently, there is the best prospect for a complete recovery.

Upon the strength of the observations just mentioned, I deem myself justified in announcing, as my experience, that *Mercurius solub. H.*, in *homœopathic doses*, cures *Syphilis*, and consider it my duty to appeal to those of my colleagues who are unbelieving opponents of Hahnemann's curative law,—and even demand it of them as a matter of conscience—to treat, by way of trial, simple cases of soft and hard chancre with *Mercur. sol.*, according to the method employed by me; because I am convinced that they shall have the same favorable results as I have had, if they go to work with calmness and an honest will. Unfortunately I cannot rid myself of the apprehension that this appeal, on account of their prejudices, will receive as little consideration, as the one which, in May 1858, I made by letter to v. Baerensprung. Its results were but a few words of thanks which the bearer of my letter returned to me in person.

After a homœiatic practice of nearly forty years I can, with the same positiveness, state from experience that *Spong. tost.*, or *Iodium*, or *Hep. Sulph. calc.*, or *Tart. stibiat.*, in the first lower grades of subdivision, given from $\frac{1}{2}$ to $\frac{1}{4}$ of an hour, and administered in due time and at the proper place, cure *croup*; because within this period of time I have not seen any case of croup (uncomplicated with diphtheria) terminate fatally, and have even witnessed a portion of neglected croup-cases (from 20 to 25), at the height of the second stage, end in a satisfactory manner. However, induced by former observations, I regularly began the treatment in these cases with *Kali sulphurat.* and *Tart. stibiat.* in larger doses, given in alternation every 15 minutes.

Even *intermittents*, according to my experience are cured by the properly selected homœopathic remedies in the lower dilutions (from the 3d to the 6th).

They do not, like Quinine in large doses, or the Abracadabra, prevent the appearance of the next attack, but effect the natural subsidence of the intermittent terminating in complete recovery without any subsequent relapse.

The febris anticipans becomes a f. postponens, and the f. quotidiana developed from the f. tertiana, a f. tertiana again, and the paroxysms become shorter and milder until they finally disappear amid intermissions of increasing length.

In cases of a severe character which have developed into malarial cachexia, the symptoms of the splenic affection and their sequelæ gradually disappear.

Moreover, I have never seen a severe case of intermittent last longer than three months under my treatment, and never observed any harm to health, but frequently better health in consequence thereof.

Numerous observations also justify me in saying that *Silicea*, in homœopathic doses (the 6th dil., 5 drops morning and evening, or from 4 to 8 drops in a cupful of water, a tablespoonful from 3 to 4 times a day), administered methodically, cures Caries. At any rate, during my whole practice, I have never met with a single case that was not cured by the methodical administration of *Silicea*.

Finally, I may add that, during the last nine years of my practice, I have observed that Diphtheritis, not complicated with croup, terminated in recovery, usually in from 3 to 5 days without the external application of Nitrate of Silver in solution, or of alcohol, by the almost exclusive use of *Bellad.* and *Lachesis* (from 4 to 8 drops in a cupful of water, a tablespoonful every hour, mostly in alternation).

Besides, I could relate quite a number of cases that were brought to my notice, and treated by me for a good while with antipathic remedies without success, and were, finally, considered incurable, but shall briefly report but a few of them.

1. *Hypochondria of a high grade with obstinate constipation.*

The coachman, Bruer of Marienborn, had suffered severely for more than two years, and had already been treated by five physicians (among whom were the Surgeon-General Pockels and the Medicinalrath Scheller, of Brunswick), when he requested my aid in 1831.

Patient had a pale abdominal color, a disturbed abdomen, complained a good deal of abdominal troubles, and was so constipated that the customary remedies remained entirely ineffective, and his bowels were moved every eight or ten days, but very insufficiently, by a powerful laxative.

I could feel well assured that, during that long time, all the available drugs had been exhausted by my predecessors. For this reason I ordered the application of Kæmpf's visceral enemata, and advised their continuation for months. At the beginning they seemed to give relief, but this was their only effect. In autumn the patient grew worse.

I prescribed now, according to the best of my knowledge, pills, powders, mixtures, etc., but likewise without any favorable result, and after a treatment of from 7 to 9 months, declared, upon inquiry of the patient's master, that B. was suffering from intestinal stricture.

The patient consulted afterwards the seventh physician whose prescriptions (Carlsbad salts, warm baths, etc.) remained as resultless as mine.

Towards the close of the year 1832, he was put under the care of Hofrath Muehlenbein of Brunswick, one of the most enthusiastic followers of Hahnemann, and in May, 1833, returned to Marienborn perfectly cured.

I saw B. for 14 years afterwards but never heard him complain again of abdominal troubles.

2. *Prosopalgia Considered Incurable.*

Miss L. of Brunswick, has suffered for 8 years from violent facial neuralgia (n. Fothergilli), and, during that time, taken all the antipathic remedies deemed efficacious in such cases. She had, moreover, been blistered repeatedly with Spanish-fly blisters, and had been burnt. Electricity, galvanism and

magnetism had been tried, and she had been deprived of nearly all her teeth ; she had also been at Drieburg, but without any result whatever.

Given up as incurable, she was induced by a lady-friend to try homœopathy.

She went to Muchlenbein, and he cured her within seventeen weeks.

Afterwards, this lady was an inmate of my house at Sommerschenburg, acting as housekeeper and governess of my children.

It was principally owing to these two cases that I was converted from a Saulus to a Paulus.

3. *Severe Case of Neurosis of the Heart Considered Incurable.*

Miss B. of Wackersleben, twenty or more years of age, suffered for several years from heart disease.

Six physicians had been consulted, one after another. At last, it was decided that patient was afflicted with "*polypus cordis*," and could not be cured.

Her disease consisted of paroxysms of palpitation, which gradually became more frequent and longer lasting. When I began to treat her in 1840, she had two paroxysms every week continuing very violently from 2 to 3 days.

The attacks could be evoked by any incautious motion, and, in the same way, could suddenly be arrested with a simultaneous jerk in the heart, by an accidental movement.

During the free intervals, the pulse frequently intermitted, but patient felt well otherwise.

The health of this patient was restored under my treatment by the remedies selected according to the Law of Similars within a half year.

4. *Insufficiency of the Mitral Valve. Pulsatilla.*

Mr. Gruson, director of the sugar-factory at Lemsdorf, near Magdeburg, æt. 52, otherwise healthy, has, for six years, suffered more and more, from palpitation of the heart with anguish ; and from asthmatic troubles accompanied by a bronchial catarrh, without relief.

September 25th, 1871, he requested my aid.

Auscultation revealed a very plain systolic murmur at the apex of the left ventricle ; hence, there was no doubt as regards the diagnosis.

Patient received *Pulsat.* 3, four drops in a cupful of water,

and was directed to take thereof a tablespoonful four times a day.

October 9th, Mr. G. paid me another visit, and reported that he already felt somewhat better; that he had less palpitation, could move about more freely, and was but little annoyed by his cough.

The systolic murmur could still be heard. The same remedy.

October 30th, patient called again, full of praise over his progressing improvement; a statement that agreed with the fact that I found the systolic murmur considerably lessened. The same medicine.

November 18th, Mr. G. visited me the last time on account of this disease, and reported himself well.

All his troubles had disappeared, and there was no trace left of the cardiac murmur.

At the close of April of the same year, he consulted me about a gastric complaint.

His former trouble had not returned, and the cardiac sounds were perfectly normal.

5. *Insufficiency of the Mitral Valve. Spigelia.*

Miss W. of this city, aet. 23, has suffered for 2 years, upon walking rapidly, and upon other bodily exertions, from oppression and palpitation, which were not taken much notice of, since she felt perfectly well otherwise. But, during the last week, the paroxysms of oppression had appeared more readily, frequently and severely, and, for this reason, she requested my advice. The examination made August 19th, of this year, revealed a loud "bellows sound" at the apex of the left ventricle, but nothing else.

She received *Pulsat.* 3, four drops in a cupful of water, a tablespoonful every three hours.

August 28th, no perceptible improvement. *Spigelia* to be taken like *Pulsat.*

September 4th, patient reported that she could walk rapidly with less inconvenience, and I could convince myself by auscultation, that the systolic "bellows sound" could not be heard any more at the apex of the left ventricle. The same medicine.

Three days afterwards, Miss W. had walked quite hurriedly to my office, ascending a steep stairway, but without oppression, and without any abnormal sound in the heart on auscultation.

Meanwhile several weeks have passed, and no trace of the former trouble has been observed.

6. *Scirrhus Mammæ.*

In the summer of 1863, I was requested by the factory owner Sch. of S., to treat his wife. Enclosed in his letter was another of colleague D., the son of the patient.

Dr. D. having been called to see his mother for the purpose of an examination, detected a scirrhus in her right mamma, and declared an operation to be the best means for its removal.

His step-father, however, a staunch friend of homœopathy of many years standing, wished to have homœopathy tried in her case previous to an operation, and induced his son to give me a description of, and his own opinion upon his mother's condition.

In his letter my colleague reported that he had found a scirrhus tumor, of the size of a hen's egg, imbedded in the mamma of his mother, who has reached the climacteric period, but otherwise, is healthy and has a good constitution.

He had advised the external application of iodine, etc., but, as the best remedy, the operation. But his father, as he wrote, wished that homœopathy should be given a trial first, and closed with the assurance that he would be very happy to convince himself of the efficiency of homœopathy in his mother's case.

The scirrhus tumor disappeared without a trace, upon the administration of *Silicea*, and, subsequently, of *Conium* 6th within from 3 to 4 months, and this case was not the only one in which I saw a scirrhus of the female mamma disappear upon the employment of the latter remedy.

However, colleague D. could not be convinced by my success of the efficiency of homœopathy, but declared, as his father reported to me personally "*that the scirrhus tumor would, undoubtedly, have disappeared spontaneously.*"

I cannot condemn this skepticism implanted at the universities, without throwing a stone at myself, since I have nursed the same, in my own case, for 10 years, and, for this reason, I am far from asking of my professional opponents an unconditional belief in the reports from my practice; yet, on the strength of my experiences, I deem myself justified in demanding of them, as a matter of conscience, an honest trial, and even consider it my duty to do so.

In the introduction, it was stated that not the absolute removal of the object of the morbid cause, but only the absolute

removal of the disease-cause could lead to a happy termination of the disease, and that the removal of the object of the morbid cause, if the latter be a poison in the blood, compels the same to occupy other parts of the organism.

As an opportunity offers for the proof of this, I shall show the correctness of these remarks by an example from practice, and briefly present, for this purpose, the following cases of carcinomatosis in addition to that just mentioned above.

In 1845, a woman of about forty years of age who had a scirrhus tumor in the breast, came to *Kreisphysicus* Dr. Müller of Gr. O., requesting him to give her a plaster or some ointment to scatter it. Müller declared that the excision of the tumor was necessary, but the patient would not listen to this advice, and went away.

A year afterwards the husband of the patient asked Müller to operate on the breast of his wife, since her trouble had become unbearable. Müller found all the connective tissue, surrounding the scirrhus, gangrenous, and, on account of the cadaverous stench, prescribed a poultice of charcoal and carrots, promising that he would call again in about a week, because the patient was just passing through her monthly period.

On his second visit Müller saw that the scirrhus had been detached from its entire surroundings by the gangrene of the connective tissue, and that it adhered only by a cellular band which he had but to cut through to free her of the scirrhus mass.

The wound soon became clean, healed kindly, and the result was a perfect recovery.

In 1870 a lady of this city, forty and some years of age, while on a visit to her sick father at H., told him that she had a tumor in her right mamma. He insisted upon hearing the opinion of his family physician about it.

Upon the urgent advice of the latter, the patient after her return to Magdeburg, consulted a very eminent surgeon who prescribed ointments, etc.

She had had pains, now and then, in the breast, but felt well otherwise, and was a strong, jovial and well preserved lady.

It was not until a year afterwards that I, her family physician for many years, who, with the exception of a period of about ten years, had been her medical attendant from her birth, heard of her disease at a time when she was suffering violent pains in the tumor.

My examination revealed a scirrhus induration of the right

mamma of considerable size; the respective nipple was drawn in, and there was a simultaneous affection of the axillary glands. Otherwise the patient felt well.

The question whether in this case homœopathic treatment could be combined with the antipathic, I answered in the negative.

Though she concluded to take my remedies, she nevertheless soon discontinued them, because the pains did not disappear rapidly, and therefore returned to the former surgical treatment.

In the autumn of the last year her mamma, together with the axillary glands, were excised without my knowledge.

The wound healed tolerably well, and the patient left her bed after three weeks of the most careful treatment and nursing with the hope of an early and radical cure. But strength and appetite did not return. The appetite, on the contrary, gradually changed into aversion against all kind of food, especially against meat.

Soon afterwards she began to cough in paroxysms until she vomited. As accessory troubles, an asthmatic affection appeared which annoyed her a good deal in walking and ascending. She was afflicted, moreover, by complete insomnia which, fortunately, was relieved by chloral-hydrate, and profuse night-sweats, especially on the right side of the body.

Meanwhile, the cicatrix repeatedly reopened, but was closed again by cauterization. Subsequently the right arm which had already been painful, now and then, began to swell more and more, often pained intensely, and became entirely useless.

Under such circumstances, the unfortunate patient, formerly so bright and lively, lost flesh and strength in proportion from day to day, and begins to have a foreboding of her fate.

On September 3d of this year, a poor woman, aet. 54, requested my aid. Her whole right mamma was occupied by a scirrhus, the nipple drawn in, the axillary glands affected, and the right arm swollen. She reported that, 26 years ago, the tumor had developed from a gathered breast: that she had done nothing for it since the pains she had felt in it, now and then, had been endurable, but that, for the last three weeks, the arm had swollen and become painful, and, for this reason, she wished my advice.

In March of this year, I was consulted by Mrs. R. of G., aet. 35. She has suffered for six months from *Cancer apertus* of the right mamma. The scirrhus had developed rapidly

during her last pregnancy. It had been noticed at first that the right breast, unlike the left, did not grow any larger. After her child-bed the tumor had broken and become an open sore. Nevertheless she had nursed the babe on the other breast for several months; because she was well otherwise, and her menstruation had not reappeared when I saw her for the first time. Patient complained of nothing except the bearable pain in the ulcerated breast.—*Silicea*.—

May. Breast unchanged, general health good, menstruation reappeared.—*Arsenic*.—

June. No change. The ulcers continue to secrete a very offensive discharge.—*Silicea*.—

September 26th patient called for the last time. General health good as heretofore. She complains of the offensive discharge from the ulcers, and fears that a new one will form, a statement which I found confirmed on examination.—*Clematis*.—

Whether my treatment will eventually have a curative result, remains doubtful, but it is certain that the disease has made no remarkable progress in consequence of it, and thus far has had no noxious influence upon her general health.

The lesson from these cases, the number of which I could easily increase, is plainly evident.

The first case of scirrhus shows that scirrhus mammæ may be made to disappear, and carcinomatosis may be cured by fulfilling the *Indicatio causæ* according to the *Similia Similibus*.

The second case of scirrhus mammæ proves that the organism may, eventually, free itself spontaneously from a carcinomatous growth, and thus cure the cancerous affection: *i.e.*, that the reproduction of the cancer-poison in the blood may cease spontaneously under certain circumstances; that the remnant of it in the blood may be deposited in the cancerous growth and cast out of the organism together with the cancer-depot.

The third case of scirrhus demonstrates that the artificial removal of a cancer-depot together with an organ not indispensable, to life, amid continual reproduction of the cancer-poison in the blood, compels the latter to occupy parts of the organism indispensable to its self-preservation, and thus endangers the life of the organism.

Finally, the fourth case of scirrhus and the case of carcinoma mammæ prove that carcinomatosis with its poison-depot in a part of the organism not indispensable to its self-preservation, and amid general good health, may exist for a long time with-

out endangering the life of the organism ; because its negatively integrating self-activities remove the cancer-poison from the blood by depositing (*i.e.*, excreting) the same at the periphery of some organ the pathological metamorphosis of which, by virtue of the same, is not dangerous *per se*.

Hence, we must infer from all this, that in every case of carcinomatosis, the fulfilment of the *Indicatio causæ* must be attempted, that, in no case of cancerous affection, the *Indicatio morbi* should be fulfilled amid the continuous reproduction of the cancer-poison ; because it arrests the curative self-activities of the organism, and that the operative fulfilment of the *Indicatio morbi* can be permitted, and is curative only in those rare and exceptional cases in which it fulfils the *Indicatio causæ* simultaneously with the *Indicatio morbi*, since it removes from the domain of the organism with its depot also the cancer-poison deposited therein, *in toto*.

Ætiological Prophylaxis as a means of rendering possible the Indicatio causæ.—Pathological prophylaxis endeavors to prevent the origin of diseases ; ætiological prophylaxis deals with the origin of morbid causes. The former, therefore, stands in the same relation to the *Indicatio morbi*, as the latter to the *Indicatio causæ*.

It is the aim of ætiological prophylaxis to protect the *healthy* against *external* potencies capable of acting as morbid causes, and, especially, to prevent the origin of such external potencies in their surroundings, and, if they have already found their way into the organism, to remove the same, if possible, from its domain before they become disease-begetting causes.

It has, moreover, as much as possible, to prevent in the *healthy* the *internal* production of potencies capable of becoming morbid agencies, by restricting or removing the predisposition thereto (improvement of health, preventives ; Vaccina, Belladonna, Rademacher's epidemic remedies), or by warning against their external causes, the *causæ occasionales*. But ætiological prophylaxis must also protect the sick, since their diseases would prove incurable in consequence of the continuous re-introduction of their causes.

In the latter case, it must effect the removal of the chemical potencies, steadily acting from without as sick-making factors, from the surroundings of the sick, or the removal of the sick from their surroundings, and prevent the incessant reproduction of such potencies ; "*the pathological products, or the products of constitutional anomalies of function,*" by the removal

of the disease by which they are continually begotten (as in pyæmia and uræmia), or by the removal of the constitutional anomaly of function in an organ of secretion effecting the constant reproduction of the chemical morbid causes from the retained products of retrogressive metamorphosis.

With this we have reached an obscure chapter of ætiology, the chapter of the virulent morbid causes in the blood.

With few exceptions, we know them only from their effects, but, for physiological reasons, and on the strength of the diseases, in which this relation becomes plainly evident (as in diseases from taking cold and in uræmia), we are compelled to assume that most of the virulent morbid causes, at least, are owing to anomalies of function in the excreting organs of the blood.

It is based upon the law of the inseparable connection of cause and effect that the anomalies of the negatively integrating self-activities of the organism, by which chemical morbid causes are produced in the blood, must, like those self-activities be transitory in acute diseases, and constant, like the same, in chronic disorders, as well as that, for the purpose of curing acute diseases, it requires only the removal of their virulent causes from the blood; but that, in chronic disorders, this is not sufficient, and that, for this purpose, the removal of the anomalies of function, by which their virulent causes are continually reproduced, is a *conditio sine qua non*. This relation is exceedingly interesting in syphilis. The virulent cause of this disease is reduced, within the course of a disease-period, to a localized contagion (to a state of latency), and incites as such, in case of a renewed disposition, another period of infection and disease.

On the other hand, in all other chronic diseases, belonging here, an uninterrupted reproduction of their virulent causes is observed, even if the reproduction of the same is quantitatively less, and sometimes produces remissions and almost intermissions even.

In most cases, the fulfilment of the *indicatio causæ*, as in acute diseases of a virulent cause begotten in the blood, suffices, according to experience, also in chronic disorders to bring about their cure; hence, is sufficient not only to effect the removal of their virulent causes from the blood, but also the cessation of the anomalies of function in consequence of which they are continuously reproduced.

However, now and then, we witness cases of chronic diseases in which the remedies, according to the Law of Similars, show

themselves inefficient in fulfilling the indicatio causæ, and in which, upon closer investigation, we unmistakably find constitutional anomalies of function of secreting organs at the bottom of the troubles.

These diseases can be rendered curable only by the removal of the respective constitutional anomalies of function.

I shall report a few such cases from my practice.

Periodical Chronic Catarrh of the Intestinum Crassum with Constitutional Anomaly of the Cutaneous Function.

Mrs. F. of M., when I became her physician, had been affected 4 or 5 years by a catarrh of the large intestines, and passed several times daily, pure mucus with blood in considerable quantities. The trouble—treated at first antipathically and afterwards homœopathically—usually lasted three months, and regularly returned after a pause of three months.

Notwithstanding patient had safely passed through three puerperia. However, her health had failed so much as to make her relatives doubt her recovery.

Even under my treatment the relapse lasted fully three months, though I tried my best to shorten it.

Looking over the entire course of the disease, I declared to the lady's husband, that I was convinced of the utter uselessness of any treatment that his wife had received thus far. I told him, moreover, that upon due consideration of all the circumstances, there might be two reasons for this failure; either a constitutional want of cutaneous action (her skin was always as dry as paper, and never perspired), or an incipient tuberculosis, though I had not been able to discover tubercles anywhere. That, for this reason, I would propose to put patient under hydropathic treatment in order to regulate the action of the skin, and if this should fail to have the desired result within from 6 to 8 weeks, to send her to Ems.

Besides, I gave the advice, first to take her to Berlin to ascertain Frerich's opinion, for whom I would prepare a brief sketch of the case together with my own views upon it.

Mr. F. and wife went to Frerich's.

Frerich endorsed my views of the case, did not discover any tubercles, but gave the advice to send patient to Ems at once.

It was done. But at Ems the returned intestinal catarrh became so much worse within three weeks, that even v. Uebel declared it necessary to send her to some hydropathic institution. She selected the Swiss Mill in the Saxonian Swiss.

Under the treatment of Dr. Herzog aiming at the reëstablishment of the cutaneous function, she soon improved and began again to perspire a little.

The attack, this time, did not last as long as previously, and the subsequent pause lasted six months instead of three.

The next attack of the disease appeared much milder and shorter than the former, and the homœopathic remedies seemed to act very beneficially. Notwithstanding, I advised patient to return once more to the Swiss Mill.

On her return, the cutaneous function was normal, and the homœopathic remedies fully proved their curative power in a few subsequent mild attacks; because they were followed by a complete and lasting recovery.

Prosopalgia. Sandy Deposit in the Urine.

Mrs. P. of M., a hysterical and very hypererethistic lady, then thirty and some years old, had suffered for about 9 years, from facial neuralgia the exacerbation of which drove her almost to despair, and which remained unchanged upon the administration of the homœopathic remedies selected by me with the greatest care. For this reason Generalarzt Loeffler was consulted. He advised Rademacher's examination of the urine for gravel.

The experiment was made, and revealed a sandy deposit in an unmistakable quantity.

Now, *Solidago virgaurea*, and afterwards *Coccionella* were given, according to Rademacher's direction, until the sand disappeared from the urine. The result was the cessation of the prosopalgia, soon afterwards, upon the employment of the appropriate remedies.

Strangely, at the same time the oldest daughter of Mrs. P., about 13 years of age, was likewise afflicted with very violent prosopalgia which seemed to start from a decayed tooth. However, neither the extraction of the tooth, nor any remedy given were able to relieve it.

Even in the urine of this patient a sandy deposit was discovered, and also in this case the sand disappeared from the urine upon the administration of *Solidago*, and thus the prosopalgia was made curable.

Paraparesis. Sand in the Urine.

George L., then 14 years of age, son of Pastor L. in M., began to feel unwell 8 years ago, and suffered from headache

and weakness of the limbs which gradually developed into a paretic affection.

Patient, although able to move his limbs, could neither walk, stand, nor raise himself in bed without help, and, laid upon the floor on a rug, was unable to change his position.

My efforts, continued for sometime, to effect an improvement of his exceedingly threatening condition by the most carefully selected homœopathic remedies, were entirely resultless. For this reason I concluded to examine also the urine of this patient for sand, and repeatedly found a quantity of it sufficient to secure me against all error.

Now a tea made of *Solidago* was used methodically, until the sand had entirely disappeared from the urine, and subsequently homœopathic remedies were given.

The disease began to improve already while using the *Solidago*-tea, and was entirely cured upon the administration of homœopathic remedies.

The treatment was continued for about six months.

III. THE FULFILMENT OF THE INDICATIO PALLIATIVA, ACCORDING TO THE CONTRARIA CONTRARIIS, FOR THE PURPOSE OF RENDERING POSSIBLE THE FULFILMENT OF THE INDICATIO CAUSÆ.

The fulfilment of the *Indicatio causæ* necessarily presupposes the possibility of its fulfillment. Celsus has expressed this in the words: "*Repugnante natura medicina nihil proficit.*"

In diseases of a virulent cause, the *Indicatio causæ*, as we have seen, cannot be fulfilled (aside from the great shortcomings of the ætiological *Materia Medica*), if, and as long as the introduction of the virulent morbid cause continues, and the magnitude of the disease keeps down the negatively integrating self-activities of the organism, or the integrating self-activities of the organism are laid low by marasmus.

1. *The Lowering of the Disease for the Purpose of Rendering Possible the Indicatio Causæ.*

It is self-evident that, as long as in diseases of a virulent cause, the *Indicatio causæ* can be fulfilled, the fulfilment of the *Indicatio morbi*, in ætiological practice, is only permitted, if the fulfilment of the *Indicatio causæ* is not interfered thereby; hence, that the abuse of the same which has done, and

still does so much mischief in pathological practice, cannot be justified in any way.

On the other hand, the *Indicatio morbi* is urgently demanded when the magnitude of the acute disease renders impossible the *Indicatio causæ*.

In acute diseases, during the stage of their development, the homœopathic remedies, in curable cases, can lessen by their curative action, according to experience, their dangerous height, and thus induce the curative efforts of nature sooner than the disease would have done, and effect the cure at a time when the disease would not have permitted the same.

The simile of the virulent morbid cause, on the other hand, shows itself inefficient when the disease develops irresistibly to a height owing to which it finds no part of the organism susceptible for its action.

If such a development of the disease does not irretrievably lead to death, the *indicatio morbi*, by forcibly lowering the disease, can eventually help the simile of the virulent morbid cause to its efficiency; since the diminution of the magnitude of the disease renders the nerves that have lost their irritability by the derivation of the vital force (and upon which the simile must act to effect its own excretion as well as the expulsion of the virulent morbid cause) susceptible for its action.

Even for the correctness of this assertion I shall furnish proof from my practice.

Hallucinations—Raving Mania—Shower-Baths—Miliaria—Cure.

A stonemason, H. of W., had been sick three weeks when, in the summer of 1842 (I resided then at "*Bergarzt*" in S.) I was called to see him. His trouble was assigned to taking cold, and unpleasant occurrences in his business. Previously H. had always felt well.

I found him in bed. He talked incessantly. Roaming from one thing to another, he mixed up the whole village in his rambling talk, and could not be induced to give a reasonable answer. He received *Belladonna*.

At my second visit, I found the whole yard of the house in which the patient lived, filled with people. As I made my way through the crowd, the patient smashed the panes of the window with his fist, and when I entered the room, also crowded with people, jumped at me from his bed, knocked my hat from my head, and attempted to grasp the cane I carried under my arm.

I ordered him back to bed, quietly but firmly, and personally gave him a shower-bath of fifty buckets of cold water.

At first he fought furiously, but, finally, broke down exhausted.

Removed to his bed he took me to be Lord God in person (appealing to me for forgiveness of his sins), and my coachman for the king.

He received *Hyoscyamus*.

At my third visit, two days afterwards, the patient still talked in a rambling manner, but not so violently, and the paroxysm of raving had not returned.

He received another shower-bath which he took very quietly. *Hyoscyamus* to be continued.

At my next visit, I found the patient quiet and reasonable, and an abundant eruption of miliaria upon his body. The latter was shortly followed by a radical cure upon the continued administration of the remedy.

Melancholia of a high Grade; Chloral Hydrate; subsequently Miliaria Alba; finally Pleuropneumonia. During Convalescence an Attack of Hæmoptoë from eight to nine days. Death at the third Attack. Autopsy.

Mrs. Dr. B., of M., a highly gifted and well-preserved lady, sixty and some years of age, who has never been seriously sick for many years, about Christmas, 1871, gradually lost her appetite and sleep in consequence of continuous mental emotions of a depressing character. But she did not complain of these troubles as she considered them quite natural under existing circumstances.

At the close of March, when her failing health became conspicuous to her relatives and friends who urged her to do something against it, she requested my aid.

I found the symptoms of a gastric catarrh, sleeplessness at night, and an indescribable feeling of distress which the patient tried her best to hide.

Ignatia and *Pulsatilla* effected no change. The appetite decreased more and more, while the sleeplessness increased, and soon developed into complete insomnia. In addition to these troubles, paroxysms of anguish appeared, which, during the last ten days of April, developed into melancholia, which, soon afterwards, attained an extreme height.

Patient now walked about day and night, and, at last, half naked, under the delusion that she had been reduced to absolute poverty, and some one was coming to take her away, and

could not be induced to take food, drink, or medicine, either by persuasion or force.

Medicinalrath Michaelis of this city was consulted upon my request.

Subcutaneous injections of Morphia, made with considerable resistance of the patient, remained without any palliative effect. Upon the recommendation of Dr. Kœppe, Director of the Insane Asylum at Halle (old school), who had also been consulted, chloral hydrate was administered.

As any other manner of application was impossible, 3.0 of it in the morning, 2.0 at noon, and 1.0 in the evening, were given in mucilaginous clysters.

In the same manner nutrition was kept up as much as possible by enemata.

The chloral soon effected quiet and sleep, and now was continued in smaller and less frequent doses until a decided collapse warned against it.

All that had been desired had now been gained. The melancholy imaginations, it is true, had remained the same, yet the patient was quiet, took food and drink again, and did not pass any sleepless nights.

She received and took, without any resistance, *Arsenic.* and *Hyoseyamus* alternately, every two hours. Under this treatment, a complete metaschematismus of the disease took place in the early part of May.

The melancholia disappeared entirely, and in place of it, after a few violent attacks of colic, an eruption of miliaria alba appeared, which developed very abundantly upon the throat, chest, and abdomen.

Arsenic. and *Acid. phosphor.* in alternation.

Colic and diarrhoea disappeared, and patient's health improved, but pains in the limbs, resembling rheumatism, were now complained of, which soon gave way however to *Bryonia*.

The miliaria terminated at the end of May, but not in recovery.

Now, paroxysms of coughing with stitches in the sides made their appearance, which, however, did not increase in violence to any extent, and were not connected with fever. The appetite, which had gradually grown better with the disappearing miliaria, became poor again.

Upon the administration of *Bryon.*, *Phosph.*, and *Pulsat.*, the chest symptoms disappeared almost entirely, and patient's condition had improved so much that, June 15th, I transferred the convalescent to my substitute, as I had to undertake a journey.

On my return, August 3d, I was informed that the violent attacks of colic had returned, that fourteen days ago a pulmonary hæmorrhage, with great collapse, had set in, followed by cough and a copious, ichorous and very offensive expectoration, and fever, and that the attack had returned a week ago, after the patient had somewhat recovered.

Though complaining of weakness, she praised her condition when I saw her towards evening, remarking that she felt better than she had done for weeks.

Her only fear was a possible return of the hæmorrhage. The following morning about 7 o'clock after a tolerably good night, she suddenly complained of feeling very ill, and had another hæmorrhage, that suddenly ended her life.

Post-mortem Examination.

In the right pectoral cavity a small pleuritic exudation with signs of slight inflammation of the pulmonary tissue beneath it, and a small cavern in its interior. Otherwise, nothing abnormal. In the bronchi, blood-coagula. Nothing abnormal in the abdomen.

Epicrisis.

From the ætiological standpoint of the psychopaths, fortunately abandoned now, one would have concluded that, in this case, the melancholia, as a disorder of the mind, had developed from the previous mental depression. Nowadays, when all mental disturbances are looked upon very properly as manifestations of bodily ailments, that hypothesis is no longer of avail. And yet, in our case, the continuous depressing mental disturbances undoubtedly stand in causal connection with the melancholia developed after the former, but not only with that, but most surely also with the miliaria alba into which the melancholia was changed, as well as with all that followed subsequently.

By the cleverness of the former psychopaths, the melancholia might have been considered as having directly developed from the mental affection, but not the miliaria alba as metaschematismus of the melancholia.

The change of the melancholia into miliaria alba can only be explained by assuming that the cause of the former left the sphere of the nerves that are the carriers of the mind, and now occupied nerves, the abnormal irritation of which, manifested itself in the symptoms of miliaria. Hence, the cause of the melancholia was the poison in the blood which unmis-

takably appeared at the surface in the form of miliaria, and, for this reason, the mental depression can be brought into causal connection with the melancholia in so far as it gave rise to the origin of this poison in the blood.

The same relation exists in diseases from taking cold, only that in these we can explain, to a certain extent, the genesis of the poison in the blood by the retained products of retrogressive metamorphosis.

The poisoning of the mother's-milk and saliva, in consequence of violent rage, prove that extraordinary mental disturbances can induce the production of a poison in the organism in case of a predisposition thereto.

As regards the treatment, the case in question, like the previous one reported, unquestionably belongs to those demanding the fulfilment of the *indicatio palliativa*, according to the *contraria contrariis*, for the purpose of rendering possible the fulfilment of the *indicatio causalis* according to the *similia similibus*.

The enormous anomalous irritation of the nerves, occupied by the virulent morbid cause during the melancholia, had to be overpowered by a forcible depression of their irritability, not only to arrest their pernicious influence upon the patient's life, but also to induce them, if possible, by palliatively rendering unchangeable, by their aid, the object of the virulent morbid cause, to convert the latter into the curative agency by the administration of the remedy selected according to the *similia similibus*.

The chloral hydrate, as *contrarium*, fully accomplished, as did the shower-bath in the former case of mania, the purpose desired; the *similia*, however, were only of avail after the magnitude of the disease had been lowered to such an extent as would permit them to develop their action.

2. *The Preservation, Respectively the Building up of the Strength of the Sick for the Purpose of Rendering possible the Indicatio Causæ.*

The *methodus restaurans* can save life in diseases which soon exhaust the vital force—the faculty of the organism for self-preservation—either by their magnitude or duration.

If the exhaustion of the vital force has reached a certain degree, the deleterious effect of the virulent morbid cause increases in proportion to the increase of the former, and the faculty of the organism to free itself from it, diminishes until, finally, the patient gets into a condition in which the fulfil-

ment of the *indicatio causæ* is impossible. These are the cases in which the *methodus restaurans*, applied by skilful hands, is able eventually to fulfil the *indicatio vitalis*, and by virtue of it, to render possible the *indicatio causæ*.

Self-evidently in such cases, the physician must, as much as possible, prevent by the diet, the collapse of the patient's strength when attaining to the degree mentioned, and, when that point is gained, to try his best to avert marasmus.

I recollect a case of cholera, during the epidemic of 1848, reported by Professor Felix v. Niemeyer from his practice, in which the patient, given up, was saved by champagne in small doses, and will add a chronic case as an example from my own practice.

Chronic Enteritis with Intestinal Ulcers and almost Complete Exhaustion of the Vital Force.

Hedwig C., of M., aged eight, has suffered for six months from continual, and, periodically, very violent pains in the bowels and diarrhœa, with which a good deal of pus was evacuated. Having been given up as incurable, she was placed under my care about Christmas, 1860. Patient was very much emaciated, and had got so weak that she could not raise herself alone in bed. Pulse very weak and frequent.

Her family physician, and a colleague consulted by the former, had, during that time, administered all the antipathic drugs they could think of for the removal of her troubles, but without any success.

I still found a medical assistant at the bedside of the patient who was instructed to give her a number of drops of Tinct. Opii after every stool.

Her physicians, to prevent any aggravation of the disorder, had also ordered the most stringent diet, and had reduced the same, finally, to mucilaginous and non-irritating soups which the patient took with great aversion.

The first thing I did was to discontinue the Opium, and prescribe a strengthening diet, to be used cautiously. Patient received Arsenic,⁶ 4 drops in a cupful of water, two teaspoonfuls every two hours, and frequent enemata of oatmeal to reduce the intestinal irritation.

The fear of the parents that, upon the discontinuance of the Opium, the diarrhœa would grow worse, was as little realized as their apprehension that the strengthening diet would be harmful to her.

On the contrary, the patient, after a little while, bore strong

beef-tea, soft-boiled eggs, roasted pigeons, chicken and game very well, also small quantities of Hungarian wine, and evidently improved slowly. Her diarrhoea became less frequent, and gradually lost its admixture of pus.

In the spring of 1861, the patient, with the aid of the indicated homœopathic remedies, had recovered so far that she could move with her mother to a summer residence near the city for the complete restoration of her health.

I think no one will doubt that, in this case, the tonic diet essentially aided in the cure of the given-up patient. The antipaths, however, in their unbelief, will surely maintain that the diet alone did the work.

For their benefit I will state, moreover, that Hedwig C., in company of her mother, went to Q. on a visit to some of her relatives, during Pentecost 1862, and there was, shortly afterwards, attacked by so violent a paroxysm of colic that I was called by telegraph to see her.

Upon her return to M. in the next train, a complete misere developed itself. This attack, as well as a relapse of it, eight days afterwards, terminated in a few days in recovery upon the administration of the homœopathic remedies, and the application of a wet bandage around the abdomen.

Subsequently, Hedwig C. remained well, and developed into a strong and blooming maiden.

[CONCLUDED.]

NEW TREATMENT OF MASTOID DISEASE.

BY W. H. WINSLOW, M. D., OPHTHALMIC AND AURAL SURGEON TO THE PITTSBURGH HOMŒOPATHIC HOSPITAL, PITTSBURGH, PA.

I HAVE laid down in my work on diseases of the ear the principles of treatment of mastoid disease. I have there emphasized the urgent necessity of incision and trephining into the mastoid cells after milder means of treatment have failed to give relief to threatening inflammation, and have given a number of illustrative cases. In the last six years, I have heard of the death of several persons under the ministrations of both schools through the ignorance or negligence of the medical attendant. Though many specialists besides myself have written up mastoid disease forcibly, in an endeavor to awaken general practitioners to a realizing sense of the importance of a clear conception and energetic treatment of this dangerous malady, it is a lamentable fact that many physicians have not even one work upon ear diseases in the library, and remain

ignorant and apathetic in regard to one of the most important and interesting departments of medicine.

Another case of badly managed mastoid disease was brought to me lately from Steubenville, O., by an intelligent layman, just in time to prevent a funeral, and gave me an opportunity to make an experiment and a valuable discovery.

The patient was a strong, healthy, blonde man, aged 31 years, who worked in a rolling mill as a shearer, and his history ran something like this: He had had earache in both ears off and on, for a year, from chronic catarrhal inflammation of the tubes and tympana, and hearing had diminished gradually until low voice was not easily distinguished. The right ear had been the best until ten days before, when he took cold, severe pain began in it, and hearing for the voice was lost. This pain had gradually increased in intensity and area, and amounted to agony with few and short intermissions. There had been treatment by hot douches, laudanum, and sweet oil, poultices, purges, and opium, without any relief. The last six days the pain had extended over the right half of the head, and he had taken opium day and night, during that time, amounting to twenty-four grains a day for six days, or 144 grains. This formidable dosing had not relieved the suffering, and he had had congestion of the right eye, chills and some delirium. His doctor told him it was more neuralgia than ear disease, and he had better go to Pittsburgh and consult somebody. Now this was commendable, though rather late in the day.

The patient was truly in a pitiable condition. He was pale, worn and haggard; his right eye was congested; his eyes had that brilliant, haunted look so often seen in atrocious suffering; his skin was clammy; cold sweat covered his forehead; the aural region was only slightly reddened; the pulse was 60, the temperature 101° F., and the respirations slow and irregular. Every few minutes a shiver would run through the patient's body, and he would grasp the chair and ask me to let him alone a few moments; then he would seize his head in both hands and keep quiet until the chill had passed, and the head felt better, then tell me to go on with the examination.* There were no characteristic signs of mastoid disease, no pushing out of the auricle, no swelling over the mastoids, no external inflammation; only a slight blush over the side of the head, great sensitiveness to movement of the auricle and to percussion over the mastoid, and severe pain in the head

* Vide *The Human Ear and Its Diseases*, page 295, part second.

and side of the neck. The hearing was zero for the watch and voice; the fork on the mastoid was heard faintly. The left ear gave Hw. $\frac{3}{6}$ and showed the usual symptoms of chronic otitis. The right membrane was dirty yellow, dull, thick, and boardy. Its anterior and posterior quadrants moved somewhat, and the malleus handle made slight incursions forwards and backwards. There was no visible congestion of the membrane, nor bulging of any part to indicate the presence of tympanic fluid. Inflation was seen, felt, and heard, but it brought no relief. The Valsalvian method had been practiced at home successfully with like result. The nose and throat showed a moderate chronic catarrhal inflammation, and there was a small polypus in the middle meatus of the left side of the nose.

I used a hot douche for ten minutes, applied a strong solution of atropia sulphate to the drum head, ordered a hot hop poultice over the ear, the head wrapped in flannel, and rest in bed, and gave Belladonna every hour.

There was little amelioration of the terrible suffering after twelve hours. The membrane looked the same and showed no signs of bulging or rupture. The pain about the head was a trifle better and the eye not quite so much congested. The pulse was 90, temperature $101\frac{1}{2}^{\circ}$, the skin hot and dry, the head moist and the patient quite weak.

I incised the membrane in the posterior inferior quadrant and was surprised to find there was hardly a drop of blood. It was like cutting a parchment. There was no discharge from the middle ear through the cut, and inflation caused a dryish rushing sound. I douché the ear again and continued the Belladonna and poultice eight hours longer, though most men would have cut into the tissue behind the ear at once.

At the third visit, I was prepared to incise the integument over the mastoid, and, if that failed to give relief, to trephine the bone. The patient was no better; in fact was getting weaker, and had several shivers during the séance. After inflation I noticed a little moisture about the border of the incision in the drum head, and a happy thought struck me. I would use the Siegle to open the lips of the wound and get out more fluid if possible. I applied the apparatus, and watched the result under a strong illumination. A few bubbles of bloody serum rewarded the first attempt. I inflated again and re-applied my suction pump. The fluid came faster and faster, and I emptied out half a teaspoonful. I repeated the application again and again, and succeeded in

removing probably two tablespoonfuls of bloody serum. I cannot tell exactly, because I simply emptied it upon a towel. The patient was a broad-headed German with a large mastoid, and I think the cells would hold as much. Before I had more than half done, the patient said, "My God! Doctor, I feel as if I were in heaven. You have taken ten pounds off of the side of my head, and the pain is almost gone. It seems as if you were pumping out my brain."

Finally, I could get no more fluid. The pain was gone, only a little soreness was felt in the side of the head, and the patient rallied quickly under the influence of a good milk punch. I prescribed a warm-water douche gently applied each day, the meatus to be kept stopped by absorbent-cotton, China every four hours, absolute rest, and nutritious diet. To my disgust and alarm the patient said he was going home—he could not be spared from the mill—and go he did two hours after. He returned three days later, reported there had been no discharge from the ear after the first day, and only an occasional dart of pain. He had tried to work, but made a poor job of it, as he was as weak as a baby, so he made a virtue of necessity and caught up on his sleep. He looked strong, and said he felt all right. I found the eye clear, the side of the head cool and of normal sensibility, the drum head of normal appearance except a little redness along the line of the incision, which had healed well, and hearing for the watch on contact. I inflated gently, removed the polypus from the left nostril, sprayed the naso-pharynx with a salt and sanguinaria solution, continued the China, and dismissed the patient with orders to report in one week. When he returned he said there had been no symptoms about his ear and his hearing was coming back fast. Hearing for the watch was three inches, which I concluded was about the normal amount on this side before the attack. I advised occasional visits for the treatment of the chronic disease of the ears, and dismissed the patient with admonitions. He said I had saved his life, and I was sure of it.

The mucous membrane and periosteum of the tympanum and mastoid cells were in a high degree of inflammation, and had remained so for some time previous to the first visit without any appearance of exudation or suppuration. It would not be rational, considering the free communication of the tympanum with the mastoid cells, to suppose an exudation existed in the latter and not in the former. I concluded there was little or no exudation until I made the incision, and the

poultice and Belladonna had counteracted the effect of the Opium and promoted resolution. The Opium had served only to increase the congestion to such a degree as to paralyze secretion and to intensify and prolong the disease. The slowness of the escape of bloody serum at first, the gradual increase in its mobility and quantity, the large amount removed, and the prompt and remarkable relief from suffering, prove that the fluid was mostly contained in the mastoid cells, and was pumped out of them by this unique and happy application of Siegle's apparatus.

Mastoid disease without perforation of the drum head is rare, but it does occur as this case demonstrates. I would advise in all cases before incising over the mastoid and resorting to the trephine, that an attempt be made to relieve the mastoid cells by my new method.

ON THE RELATION OF RHEUMATISM TO CHOREA.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

IN the following pages, it is proposed to examine into the relation which inflammatory rheumatism bears to chorea. In my consideration of the subject, I shall make use of statistics obtained from the study of fifty-eight cases of chorea in my private and dispensary practice, and by way of comparison, I shall present the statistics of various authors on the subject as recorded in medical literature. I shall also consider as thoroughly as possible, yet as briefly as the facts of the case will permit, the clinical phenomena pertaining to the two diseases, and by their comparison endeavor to determine to what extent the facts at our disposal confirm the theory of the rheumatic origin of chorea.

The theory that inflammatory rheumatism is in some manner connected with the etiology of chorea is now accepted by many medical men, and this upon the following grounds:

1. Statistics obtained from the personal experience of many competent authorities show, apparently, that in a very large percentage of cases chorea occurs in patients who have previously had inflammatory rheumatism, or in those whose immediate relatives have suffered from that disease.

2. Many cases of chorea are attended by cardiac derangement, which is manifested by irregular or excited action of the heart, or by a soft systolic murmur, heard best over the apex.

Its presence has been attributed to a pre-existent endocarditis of rheumatic origin.

3. In patients dying with chorea, vegetations or little beads of lymph have been discovered fringing the free edges of the mitral valves.

Henoch, Da Costa, Roger, Hughes and Brown, Hillier, Lee, Dickinson and Peacock, are all advocates of the doctrine that inflammatory rheumatism is in some way related to chorea. The first three named give no statistics of their own in support of their position. The statistics given by the others may be seen in the following schedule:

OBSERVER.	CASES OF CHOREA.	CASES GIVING A RHEUMATIC HISTORY.	PER CENT. RHEUMATIC CASES.
Hughes & Brown,	104	89	85½
See,	123	64	50
Hillier,	37	15	40½
Dickinson, . .	61	19	31
Peacock,	92	26	28½

Steiner, on the other hand, has been led by his observations to the conclusion that rheumatism bears no relation whatever to chorea. In support of this, he states that out of two hundred and fifty-two cases of chorea, only four gave a history of antecedent rheumatism. Hammond and Sturges, while not taking the extreme position assumed by Steiner, do not believe that rheumatism is as important a factor in the etiology of chorea as it is generally supposed to be. Out of eighty-two cases, Hammond found sixteen giving a history of rheumatism, either in the patients themselves or in the members of the family.

Before giving the results of my own experience on the subject, I may be permitted to state that when I first began my study of chorea, I believed that this disease was intimately associated with rheumatism, and that the heart affection so commonly met with was the result of a pre-existent rheumatic endocarditis. Observation soon caused me to think differently. This statement I make in order to disabuse the minds of my readers of the idea that my investigations were com-

menced for the purpose of proving any preconceived opinions which I may have held on this subject. Below will be found my table showing the number of cases of chorea under observation, the age and sex of the patient, the number of cases giving a history of antecedent rheumatism, both in the patient and in his or her immediate family, the presence or absence of cardiac complications, together with such notes pertaining to the cases as may be deemed of interest.

In obtaining the data necessary for the construction of the following table, great care was taken not to overlook a rheumatic history when there was any possibility of such existing. In making the necessary inquiries on this subject, the patient's parents or guardians were asked the direct question: "Has the patient ever had rheumatism?" The definition of rheumatism was thus left open so that the parent or guardian might place such a construction on the term as to give in the answer the history of any rheumatic or other painful affection from which the patient might have suffered in by-gone years. If a negative answer was received, that was considered conclusive. If, however, the question was answered affirmatively, further inquiries were made in order to determine the true nature of the supposed rheumatism, whether it was the acute inflammatory disorder or merely one or the other variety of rheumatoid pains which are of such common occurrence. The same method of investigation was pursued in the inquiry after a rheumatic history among the relatives of the patient. Of course it will be urged at once that inflammatory rheumatism as it is met with in children differs from that observed in adults. It is not of so severe a type. It is not accompanied by such intense swelling of the affected joints, nor does it run so prolonged a course. Notwithstanding the mildness of childish rheumatism, there is a greater tendency in it to involve the heart and give rise to cardiac murmurs, the result of changes in the serous lining of the heart cavity. Admitting that I may in my inquiries have overlooked cases of childish rheumatism (which I do not believe to be the case), we would expect to find a number of cases of chorea complicated by organic heart disease. In point of fact, we do find heart symptoms of frequent occurrence in chorea, but, as I hope to show later on, they are of a functional nature and perfectly independent of any pre-existent endocarditis.

TABLE I.

In which is Recorded the Rheumatic History of Patients and Relatives as Observed in 58 Consecutive Cases of Chorea.

No. of Case.	Age.	Sex.	No. of Attacks.	Rheumatism.	Rheumatism in Family.	Cardiac Complication.	REMARKS.
1	11	F.	1	No.	No.	—	
2	12	M.	1	Yes.	Mother & one brother had Inflam. Rheum.	Mitral murmur (organic).	Suffered from phimosi; circumcision performed without relieving the chorea. Family highly neurotic.
3	8	F.	1	No.	No.	Mitral Insufficiency.	
4	16	F.	1	"	Mother had Infl. Rheum.	Mitral Insufficiency.	
5	9	F.	3	"	No.	Mitral Insufficiency.	Attacks occur each Spring.
6	11	M.	4	"	"	Normal.	
7	9	F.	1	"	"	"	
8	9	F.	1	Yes.	"	—	Mulatto; movements so severe as to make an examination of the heart impossible.
9	11	F.	1	No.	Mother had Infl. Rheum.	Normal.	
10	6	F.	1	"	Father had Infl. Rheum.	—	Unable to examine heart because of violence of movements. Patient seen but once.
11	8	F.	1	"	No.	—	
12	12	F.	1	"	"	Normal.	Child is Pigeon-breasted.
13	8	F.	1	"	"	—	
14	8	F.	1	"	"	Normal.	Twin sister to case No. 11.
15	10	F.	1	"	"	—	
16	12	F.	2	"	"	—	Both attacks in Spring.
17	11	M.	3	"	"	—	Is generally worse in Spring.
18	14	M.	1	"	"	—	
19	13	F.	1	Rheum. Pains.	"	—	
20	13	F.	1	No.	"	Mitral Insufficiency.	
21	14	F.	2	"	"	Heart action irregular.	Also has epilepsy.
22	12	F.	2	"	"	Mitral Insufficiency.	
23	11	M.	1	"	"	Mitral Insufficiency.	
24	13	M.	1	"	"	Normal.	
25	12	M.	1	Rheum. Pains.	"	"	
26	10	F.	2	No.	Rheumatic pains.	Mitral Insufficiency.	Both attacks in December.
27	10	M.	1	"	No.	—	
28	2	F.	1	"	"	Normal.	Father had chorea in boyhood.
29	8	F.	1	"	"	Rapid Action.	Father had 3 attacks of chorea.
30	2	F.	1	?	"	—	
31	14	F.	1	Rheum. Pains.	Father had Infl. Rheum.	—	Two maternal aunts had chorea
32	11	F.	1	No.	No.	—	Is worse in December.
33	11	F.	1	"	"	Mitral Insufficiency.	
34	7	F.	1	"	"	—	
35	12	F.	1	Yes.	No.	Anaemic & Val. murmurs	Also has epilepsy.
36	15	F.	1	No.	"	—	
37	18	F.	8	Yes.	Mother had Infl. Rheum.	—	All attacks occurred in Spring.

No. of Case.	Age.	Sex.	No. of Attacks.	Rheumatism.	Rheumatism in Family.	Cardiac Complication.	REMARKS.
38	11	F.	2	No.	No.	Mitral Regurgitation.	Both attacks in May. Second one excited by grief.
39	38	M.	20	"	"	"	The attacks recurred every spring for 20 years.
40	14	M.	4	"	Father died Infl. Rheum.	Normal.	
41	21	F.	1	Rheum. Pains.	No.	Mitral Insufficiency.	
42	9	F.	1	"	"	"	
43	8	F.	1	"	"	Heart irregular; mitral insufficiency.	Parents supposed the trouble to be due to excessive use of coffee.
44	12	F.	1	"	"	Normal.	
45	16	F.	1	"	?	"	
46	6	M.	1	"	Mother had Infl. Rheum.	Normal.	Mother had 3 attacks of chorea. Child had glandulo-preputial adhesions which were divided without benefitting the chorea.
47	10	F.	1	"	No.	Mitral Insufficiency.	
48	21	F.	1	"	"	"	
49	38	F.	1	"	"	"	
50	21	M.	1	"	"	"	Attributed to onanism.
51	6	M.	1	"	Mother had Infl. Rheum.	"	
52	6	M.	1	"	No.	Mitral Insufficiency.	Brother had chorea.
53	8	F.	1	"	"	Normal.	
54	6	F.	1	"	"	"	
55	13	F.	2	"	"	"	
56	6	F.	1	"	"	"	
57	7	F.	1	"	Father had Infl. Rheum.	"	
58	8	F.	1	"	No.	First sound indistinct.	

SUMMARY.

Total number of Cases,	58.
Number giving a History of Antecedent Rheumatism,	4.
" " Rheumatism in the Family,	10.
" a Rheumatic History,	12.
" a doubtful Rheumatic History,	5.
Number having Cardiac Complications,	17.
" Heart Normal,	15.
" more than one attack of Chorea,	12.
Number giving a Family History of Chorea,	7.

From the above we note that barely seven per cent. of the cases there recorded give a history of antecedent rheumatism, and in none of these did the two affections occur in such a manner as to indicate the existence between them of the relation of cause and effect. Nearly twenty-one per cent. give a history of inflammatory rheumatism either in the patients or in their immediate relatives. Admitting as rheumatism the cases giving a history of "rheumatic" pains (an admission which I do not think we have the right to make), we find our cases of chorea will give as high as twenty-nine and one-third per cent. of rheumatic cases.

I am fully aware that the results above given are in direct opposition to those of many competent authorities. Hughes and Brown, whose reports were made in 1846 and 1855, found only fifteen patients out of one hundred and four cases of chorea entirely free from a rheumatic history. The report of such a large percentage of rheumatic cases is not altogether unexpected, however, when we take cognizance of the fact that these observers assumed the presence of a cardiac murmur to be proof positive of antecedent rheumatism or rheumatic endocarditis, an assumption which would be immediately repudiated at the present day. Lee (whose statistics are probably the best known) obtained a history of rheumatism in sixty-four out of one hundred and twenty-eight cases; yet, in only thirty-two of these, according to Sturges, was the evidence of rheumatism decisive.

My percentage of cases giving a rheumatic history is in close accord with that of Sturges, who, in one hundred and seventy-two patients, of whom inquiry was made respecting this point, eleven or six and four-tenths per cent. had previously suffered from acute inflammatory rheumatism. Among Sturges's cases were also twenty who gave a history of "pains, probably rheumatic," which, taken in conjunction with the eleven cases above noted, gives eighteen per cent. of cases of chorea as occurring in patients who had previously had rheumatism. Sturges's statistics respecting a rheumatic family history are incomplete. In seventy-three cases where this point was noted rheumatism was in the family history of nineteen, nine of whom had themselves suffered from rheumatism, eleven others out of the seventy-three had had either rheumatic fever (2), an affection vaguely styled rheumatism (6), or rheumatoid pains (3). Out of the seventy-three cases, then, thirty had some possible connection with rheumatism, or forty-one per cent. My own statistics give twenty-nine per cent.

I have said above that out of the four cases of chorea giving a history of antecedent rheumatism in none of them did the two diseases occur in such a manner as to indicate the existence of the one as bearing a causative relation to the other. By this I meant to say that in no instance did the chorea supervene on the existence of, or immediately after, the cessation of the inflammatory rheumatism. Even if the rheumatism and the chorea had occurred in any case without a longer or shorter period of health intervening, the causative relation of the former to the latter would still remain to be proven. As is well known, chorea may, and frequently does, result from violent emotional influences, such as are due to fright or the

endurance of severe physical suffering. I think all will agree with me when I suggest the probability that in some cases where the constitution of the patient furnishes the proper soil for such an occurrence, the pain incidental to acute rheumatism so operates on the nervous system as to become directly an exciting cause of chorea, and that independently of the effect of the rheumatic diathesis itself.

A certain number of the choreic cases, giving a rheumatic history, must represent the normal percentage of rheumatism common to people in general. In order to obtain the data necessary for the exclusion of these cases from our calculations I have made inquiries respecting a rheumatic history in fifty consecutive cases of nervous disease (chorea excepted) treated in my clinics at the dispensaries of the Hahnemann Medical College and the Children's Homœopathic Hospital of Philadelphia. From this material I have constructed—

TABLE II.

In which is Recorded the Rheumatic History of Patients and Relatives as Observed in 50 Consecutive Cases of Disease of the Nervous System.

No.	Age.	Sex.	Diagnosis.	Rheumatism.	Family History of Rheumatism.	REMARKS.
1	6	M.	Infantile Paralysis.	No.	None.	
2	2½	M.	Infantile Paralysis.	"	"	
3	16	F.	Hysteria.	"	?	
4	38	F.	Epilepsy.	Yes; in childhood.	None.	
5	11	F.	Infantile Paralysis.	No.	"	
6	21	F.	Infantile Paralysis.	"	"	
7	63 Mos.	F.	Paralysis Agitans.	Rheumatic Pains.	"	
8	60	F.	Neurasthenia.	No.	"	
9	56	F.	Locomotor-ataxia.	"	"	Calls the Ataxic Pains Rheumatism.
10	12	F.	Epilepsy.	"	"	
11	56	M.	Paralysis Agitans.	Yes; at 52 yrs. of age.	"	
12	49	M.	Locomotor-ataxia.	No.	"	
13	48	M.	Locomotor-ataxia.	Yes.	"	Calls the Ataxic Pains Rheumatism.
14	35	F.	Neurasthenia.	No.	Little son had Inflam. Rheumatism.	Sudden Death from Heart Disease.
15	26	M.	Sexual Neurasthenia.	"	Father had Inflam. Rheumatism.	
16	3½	F.	Infantile Paralysis.	"	None.	
17	5	M.	Idiocy with Epileptiform Convulsions.	"	Both parents had Inflam. Rheumatism.	

No.	Age.	Sex.	Diagnosis.	Rheumatism.	Family History of Rheumatism.	
18	44	F.	Hysteria.	No.	Mother and Sister had Inflam. Rheumatism.	This patient has Gouty Concretions in Finger Joints.
19	57	F.	Hypochondriasis.	"	None.	
20	41	F.	Neurasthenia.	"	"	
21	32	F.	Spinal Irritation.	"	"	
22	32	F.	Neurasthenia.	"	"	
23	27	F.	Cerebral Monoplegia.	"	"	
24	56	M.	Hemiplegia and Ataxia.	"	Father had Inflam. Rheumatism.	
25	11	F.	Epilepsy.	"	Mother had Rheumatic Pains.	
26	49	F.	Meniere's Disease.	"	None.	
27	39	F.	Neurasthenia.	"	"	
28	13	F.	Epilepsy.	"	Mother had Rheumatic Pains.	
29	50	F.	Neurasthenia.	"	Father had Chronic Rheumatism.	
30	49	M.	Locomotor-ataxia.	"	None.	
31	30	M.	Disseminated Sclerosis of the Cord.	"	"	
32	50	M.	Paralysis Agitans.	Rheumatic Pains.	"	
33	36	F.	Epilepsy.	No.	"	
34	22	F.	Epilepsy.	"	"	
35	16	F.	Epilepsy.	"	"	
36	4	M.	Infantile Paralysis.	"	Father had Inflam. Rheumatism.	
37	6	M.	Infantile Paralysis.	"	Aunt had Inflam. Rheumatism.	
38	38	F.	Cervico-brachial Neuralgia.	Yes; at 14 yrs. of age.	None.	
39	12	M.	Epilepsy.	No.	"	
40	16	F.	Epilepsy.	"	"	
41	11	M.	Idiocy and Epilepsy.	"	"	
42	26	M.	Neurasthenia.	"	"	
43	22	M.	Neurasthenia.	"	"	
44	35	M.	Occipital Neuralgia.	"	"	
45	53	F.	Acute Spinal Paralysis.	Yes.	"	
46	28	F.	Disseminated Sclerosis of the Cord.	No.	"	
47	8	F.	Epilepsy.	"	"	
48	38	F.	Occipital Neuralgia.	"	"	
49	18	F.	Hysteria.	At 11 years of age.	"	
50	8	M.	Epilepsy.	No.	"	

SUMMARY.

Total number of Cases,	50.
Number giving a History of Antecedent Rheumatism,	6.
" " " Rheumatism in Childhood,	3.
" " " a Family History of Rheumatism,	7.
Total number giving a History of Rheumatism,	13.
Cases giving a doubtful Rheumatic History,	6.

Comparing now the percentage of cases among the patients suffering from nervous diseases, giving a history of rheumatism with that among our choreic cases, we find the former to be somewhat the higher. How do we account for this? Is it because the patients from whose cases the second table was made, are more advanced in years than were our choreic patients? Undoubtedly, age is a powerful factor in the production of the high percentage of rheumatism among our "nervous cases;" for, reviewing our table, we find that out of the six patients who had previously had inflammatory rheumatism, that disease occurred in childhood in but three. This gives us six per cent. as having been preceded by childish rheumatism, a figure that tallies pretty closely with the seven per cent. of rheumatic cases among my choreic patients, and the six and four-tenths per cent. among those of Dr. Sturges. Due allowance for age must also be made respecting a rheumatic family history. In case number fourteen of the second table, we note that rheumatism occurred in the patient's little son. I think that we may exclude this case from our calculations. We now have remaining six cases, giving a family history of rheumatism which, taken with the three which had rheumatism in childhood, gives us nine rheumatic cases or eighteen per cent. of the number tabulated. The percentage of rheumatism then among patients suffering from the general run of nervous diseases apparently differs but slightly from that among cases of chorea.

It may not be amiss to refer to our table once more to note the character of the ailments from which the patients who had inflammatory rheumatism in youth, suffered. We find them to be epilepsy, hysteria, and neuralgia, all of them functional nervous diseases. Does this possess any peculiar significance? Further investigation only can answer.

Will the proportion of rheumatic cases belonging to patients affected with diseases of the nervous system represent the normal percentage of rheumatic cases among patients in general? In view of the fact that the results obtained from the second table coincided so closely with those of the first, I have ap-

pended a third which is made up from two classes of cases. The first thirty-two are taken from so many consecutive cases of general diseases seen in private practice. Care has been taken not to include persons in any way related to each other, and to exclude as far as possible such as exhibit a marked neurotic family history. The remaining eighteen cases are so many consecutive patients seen in eye-dispensary practice.

TABLE III.

In which is Recorded the Rheumatic History of Patients and Relatives in 32 Cases of General Diseases and 18 Cases of Eye-Disease.

No. of Case	Age.	Sex.	Diagnosis.	Rheum. in Patient.	Rheum. Family History.
1	6	F.	Scarlatina.	Yes.	None.
2	42	F.	Peritonitis.	No.	"
3	35	F.	Chr. Gastritis.	"	"
4	1	F.	Diarrhœa.	"	"
5	7	F.	Anæmia.	"	Mother at age of 22, had Infl. Rheum.
6	44	F.	Chr. Diarrhœa.	"	None.
7	32	M.	Chr. Gastritis.	"	"
8	15	F.	Pharyngitis.	"	"
9	15	F.	Rhus Poisoning.	"	Sister had two attacks.
10	47	M.	Bright's Disease.	"	None.
11	15	F.	Psoriasis.	"	"
12	8	F.	Intermittent F.	"	"
13	17	M.	Diabetes Insip.	"	"
14	21	M.	Intermittent F.	"	Father had Rheum. Pains
15	35	M.	Chancroid.	"	None.
16	19	F.	Head-ache.	"	Mother had Infl. Rheum.
17	24	F.	Syphilis.	"	None.
18	10	F.	Measles.	"	"
19	4	F.	Diarrhœa.	"	"
20	22	F.	Amenorrhœa.	"	"
21	10	M.	Glandular Abscess.	"	Mother has Rheum. Pains
22	5	M.	Vomiting.	"	None.
23	23	M.	Incontin. of Urine.	"	"
24	8	M.	Incontin. of Urine.	No.	Father had Infl. Rheum.
25	28	F.	Typhoid Fever.	"	Sister has Rheumatoid Arthritis.
26	22	F.	"	"	None.
27	16	F.	Pharyngitis.	"	"
28	15	F.	Amenorrhœa.	"	"
29	46	F.	Phthisis.	"	"
30	8	F.	Intermittent F.	"	"
31	28	F.	Indigestion.	"	Father has Rheum. Pains
32	44	F.	Change of Life.	Joint Pains.	None.
33	42	F.	Choroiditis.	No.	"
34	60	M.	Glaucoma.	"	"
35	42	F.	Tarsal Cyst.	Rheumatic Pains.	"

No. of Case	Age.	S. ½	Diagnosis.	Rheum. in Family.	Rheum. Fam- ily History.
36	16	M.	Pannus.	No.	None
37	14	F.	Blenorrhœa of Sac.	"	"
38	4	M.	Phlyet. Ophth.	"	Father has Rheum. Pains
39	13	F.	Stye.	"	"
40	30	F.	Optic Neuritis.	"	None.
41	14	M.	Phlyet. Ophth.	"	"
42	3	F.	"	"	Father had Infl. Rheum.
43	6	F.	Keratitis.	"	None.
44	6	M.	Phlyet. Kerat.	"	"
45	9	F.	Blepharitis.	"	"
46	72	F.	Orbital Cellulitis.	Rheumatic Pains.	Mother had Infl. Rheum.
47	21	F.	Keratitis.	No.	None.
48	4	F.	Corneal Ulcer.	"	"
49	7	M.	Kerato-Iritis.	"	"
50	24	F.	Hypermetropia.	"	"

SUMMARY.

Total number of Cases,	50.
Number having had Rheumatism,	1.
Number giving a Family History of Rheumatism,	6.
Total giving a Rheumatic History,	7.
Number having History of Rheumatic Pains,	9.
Highest possible number of Rheumatic Cases,	16.

Below I add a schedule which gives at a glance a comparison of the results obtained from our three tables—

	Chorea.	Dis. of Ner. System.	General Cases and Eye Dis.
Total number of Cases,	58	50	50
Cases having had Rheumatism,	4	6	1
Percentage of Cases having had Rheumatism,	7%	12%	2%
Cases having had Rheumatism in the Family,	10	7	6
Total giving a Rheumatic History,	12	13	7
Percentage giving a Rheumatic History,	20 $\frac{2}{3}$ %	26%	14%
Cases giving a Doubtful History,	3	6	9
Highest possible percentage of Rheumatic Cases,	29 $\frac{1}{3}$ %	38%	32%

To the above schedule we may add the corrections made on account of age, of the results obtained from Table II. This done, we would have six per cent. of the patients as previously having suffered from rheumatism, and eighteen per cent. who had either had the disease themselves or had near relatives who suffered from it. The figures recorded in the schedule are twelve per cent. and twenty-six per cent. respectively.

Reviewing the summary of Table III. we note that only two per cent. of the patients there included, give a history of antecedent inflammatory rheumatism. This, however, does not give the normal proportion of rheumatism common to people in general, or to patients of all diatheses, nervous, as well as others. To determine as to this point, I have made inquiries respecting the existence of rheumatism in one hundred consecutive private patients, and I find that four of the one hundred give such a history, a result closely in accord with the generally accepted figures.

Passing in review the results obtained from a comparison of the three tables, we note that choreic cases do not give a history of antecedent rheumatism as frequently as has been supposed. Patients suffering from diseases of the nervous system (chorea excepted), give a higher percentage of rheumatism than do the choreic cases themselves; and especially is this rheumatic history marked in patients with functional nervous disorders. This observation is of importance in view of the fact that one of the theories providing for the cause of acute rheumatism assumes that it depends on disease of the nervous system for its origin. Respecting a family history of rheumatism we find that but little difference in the results obtained from the three tables is to be noted. Seventeen per cent. of choreic cases give a family history of rheumatism, of nervous diseases, fourteen per cent., and general cases only twelve per cent. While the results in the first and second tables are in close accord, it is not so with those of the first and third. From Table I. we learn that seven per cent. of our cases of chorea gave a rheumatic history; from the third, that only two per cent. (those suffering from nervous diseases being excluded), give such a history. Five per cent. then of our cases of chorea stand in some relation to rheumatism, and what that relation is, it is the purpose of the present paper to determine.

The theory of the rheumatic origin of chorea depends partly for its foundation on the fact that in many cases of this disease an examination of the heart reveals a systolic murmur heard best at the apex. This murmur, it is assumed, has been caused by a previous rheumatic endocarditis. The cardiac compli-

cations of chorea are thus attributed to organic lesions of that viscus. To acknowledge this assertion would be to ignore the results of our own personal experience. Rarely, if ever, do we meet with a case of organic heart disease which has found its origin in chorea. In all of my cases, in which the proper examinations were instituted, it was found that the cardiac murmurs became less noticeable as the chorea improved, finally disappearing on the recovery of the patient. In several cases in which there was recurrence, the cardiac murmur reappeared also, but followed the same course as in the first instance. A heart murmur caused by endocarditis could hardly be expected to follow such a course as that just outlined. Yet the deposit found upon the valves in case of death in conjunction with the fact that there is nothing in the cardiac murmurs of chorea to distinguish them from the organic murmurs, has led both Drs. Wilks and Sansom to affirm that these murmurs are organic.

As against the rheumatic origin of these murmurs may be urged the fact, that, if proper care is taken to note the time of their inception, they come on during the course of and do not exist before the beginning of an attack of chorea. Even the admission that the murmurs are organic will not provide for a pre-existent rheumatism; for it is now acknowledged that endocarditis may arise from pyæmia, measles, scarlatina, and other diseases, to say nothing of the valvular lesions the results of congenital malformations, anaemia, and too prolonged and too violent exertion.

The deposit of lymph along the free edges of the mitral valves is not, in all probability, caused by endocarditis. In those cases where a short time has elapsed between the chorea and death, this deposit has not been observed. Further evidence that it is *not* the result of endocarditis may be seen in its arrangement in little beads along the edges of the valves, instead of on the auricular surface of the same. Dr. Dickinson considers it to be the consequence and not the cause of the regurgitation, as it is found alone on the edges of the valves where a line of minute but abrupt prominences is presented, to retrograde blood, but an arrangement of more gradual slopes to blood flowing normally.

Several hypotheses have been advanced showing that the cardiac murmurs of chorea are of dynamic origin. A short recapitulation of these in this place will be in order, so that our consideration of the subject will be complete. It is not the purpose of the writer to defend or object to any of these, but merely place them before the readers of the *HAHNEMANNIAN MONTHLY* for their consideration.

Hayden believes that the mitral regurgitant murmur of chorea is due to an atonic condition of the cardiac muscle, thus permitting a partial yielding of the ventricular walls at the acme of the systole. The mitral valves then become incompetent to close the left auriculo-ventricular orifice. The same condition Dr. Hayden has observed in anæmia, purpura, and chronic tobacco poisoning.

Immerman believes that the murmur depends on fatigue of the heart muscle, and this fatigue extends to the papillary muscles connected with the auriculo-ventricular valves. "After any undue exertion of the cardiac muscle, a temporary paresis of the muscoli papillares ensues. In consequence of this, the valve flaps intrude into the auricles with every ventricular contraction; that is, a transient functional insufficiency of the mitral valves is established." This disappears on the recovery of the patient.

Dr. Nixon believes that the murmur is produced by a "want of correspondence between the fibres of the ventricle, which obliterate the cavity and those which close the valve." This want of correspondence he attributes "to some defect in the vital power or condition of the heart itself, which leads either to atony of the papillary muscle or derangement in the rhythm of their movement."

Sturges shows by his statistics, a fact which mine do not, namely, that heart murmurs occur with the greatest frequency not in cases in which movements are the most severe, nor in cases of long or short duration, but in cases occurring among patients of tender years. He believes, therefore, that the cause of the heart disturbances of chorea "must be sought in the special characteristics of those periods of life to which chorea especially attaches; characteristics, that is to say, in which they differ from infancy on the one hand and adult life on the other." The great length to which my paper has already been prolonged, forbids a more thorough exposition of the theories advanced by different authorities to account for the existence of the cardiac complications of chorea. The above résumé of the subject has been merely introduced in this place to show that it is not necessary to assume the pre-existence of endocarditis in order to account for the cardiac murmurs of chorea.

Examining the clinical phenomena pertaining to rheumatism and to chorea, we do not find much to induce us to believe in the inter-dependence of the two affections. Chorea is essentially a disease of childhood. Rheumatism, while it may

affect even infants, is a disease of later life, occurring with the greatest frequency among young adults, those from twenty to thirty years of age. Chorea occurs more frequently among female children. Reference to our first table shows that of the fifty-eight cases forty-four were females and only fourteen males. Rheumatism, on the other hand, attacks male and female children with about equal frequency; while in the case of adults, the males attacked outnumber the females in the proportion of two to one. Certainly these facts speak against the existence of a close relationship between the two diseases.

A few years ago Dr. S. Weir Mitchell, of this city, called attention to the great rarity with which chorea is met with in the full-blooded negro. He instituted numerous inquiries among Southern and Cuban physicians, but found only occasional mention of cases in which chorea had attacked one of the colored race. In none of my cases was the patient a full-blooded negro, although in one instance (Case No. 8) the patient was a mulatto. This subject of the relative immunity of the colored race to chorea is here introduced as it is thought to have some bearing on the question under consideration in view of the reputed frequency of rheumatism among negroes. The facts so far in our possession may be stated as follows: Chorea is very rare among pure-blooded negroes, many physicians never having seen a case. Negroes are notoriously negligent of their sanitary condition and markedly ignorant in their interpretation of morbid phenomena. It is not at all unlikely, then, that should one of their children exhibit choreiform movements, the parents might readily attribute the trouble to restlessness or vicious disposition, in fact to any other cause than disease. The case then would fail to come under medical supervision. As to the frequency of rheumatism among blacks, I can give no positive information on the subject. I have instituted inquiries in hospitals, but I find that the number of colored people admitted is so small as to make any statistics worthless for purpose of comparison. Still, I have always labored under the idea that inflammatory rheumatism was common among negroes. Certainly, as a race, they are exposed to all the exciting causes of that disease, yet I must confess that I have never met with a case in one of their number. Rheumatoid pains, however, are very common among them, in fact one can hardly meet with a colored person who has not at one time or another complained of these petty annoyances.

Should we admit that chorea is of rheumatic origin, are we

any nearer to a correct appreciation of the pathological anatomy of the affection? The advocates of the rheumatic origin of chorea teach that the disease depends for its anatomical substratum on the lodgment of numerous minute emboli in the corpora striata. Were chorea dependent upon capillary embolism, it would be a disease of sudden onset. The embolism affecting the capillaries would be followed either by a prompt restoration of the circulation through the collateral vessels, or by softening of the anæmic portion of the brain. In the former cases quick recovery would ensue; in the latter the patient would be rendered incurable. The symptoms of chorea are in no particular similar to those which have resulted from an experimentally produced embolism of the cerebral capillaries. The existence of these capillary emboli only rests on a theoretical foundation. They have never been found in a post-mortem examination of a case of chorea.

Although not pertaining to the subject under consideration, it may not be amiss for me to call attention to two points of interest shown by an examination of Table I. We find that out of the fifty-eight cases of chorea, twelve had more than one attack. Of these, six showed a remarkable tendency of the disease to recur in the spring of the year. Of the remaining cases, two had their attacks in December, while in the case of the other four patients, no note was made respecting the time of the recurrence. In Case No. 39, the patient had his first attack of chorea when in the army, and the disease had recurred every spring up to the time he came under my charge, a period of twenty years. In Case No. 37, the patient, a young miss of eighteen, had had the disease every spring since she was ten years of age. A similar tendency of chorea to recur in the spring has been noted by Drs. Weir Mitchell and Wharton Sinkler, of this city.

It will also be noticed that in seven instances, the patients gave a family history of chorea. In two others, the patients had epilepsy. Inquiries respecting a neurotic family history were not made in all cases, so that my statistics on this point are incomplete, and merely suggestive of the necessity of further investigation.

From what has been above written, I think that the following conclusions are justifiable:

1. That chorea occurs with a certain degree of frequency in patients who have had inflammatory rheumatism, but this frequency is not so great as has generally been supposed.

2. That patients affected with other nervous disorders than

chorea give as frequent a history of rheumatism as do patients having chorea. Functional nervous disorders seem to be particularly favored in this respect.

3. That rheumatism is of exceptional occurrence in patients in whom a neurotic constitution or inheritance is wanting.

4. That the relation between chorea and rheumatism is not one of cause and effect. Where the two diseases have existed in the same individual, the same constitutional peculiarity has acted as a predisposing cause for both diseases.

5. That the cardiac complications do not indicate the previous existence of rheumatism or rheumatic endocarditis. Their presence and subsequent course may be readily explained by an hypothesis attributing to them a functional origin.

6. That the clinical phenomena pertaining to the two diseases fail to establish any relationship between them.

Miscellaneous Contributions.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY H. F. IVINS, M.D., SECRETARY.

THE stated meeting of the society was held on Thursday evening, May 8th, 1884, at the Hahnemann Medical College; thirty-four members were present.

The minutes of the annual meeting having been read and approved, the President-elect, Dr. W. B. Trites, delivered his annual address which was listened to with marked attention. At its conclusion the society tendered the President a vote of thanks; and a committee, consisting of Drs. Samuel Brown, P. Dudley, and E. M. Gramm, was appointed to take some action upon the suggestions contained in the address.

The Censors reported having examined the Treasurer's accounts, and found them correct. Report of audit accepted, and ordered to be placed on file.

The President reappointed the following standing committees:

a. On Organization, Medical Education, Statistics, and Legislation, Dr. John K. Lee, *chairman*, Drs. S. H. Brown, E. M. Gramm, C. F. Goodno, and E. Boylston Jackson.

b. On Prevailing Diseases, Dr. W. A. D. Pierce, *chairman*, Drs. J. B. S. Egee, Horace F. Ivins, O. S. Haines, and J. W. Thatcher.

A letter was read from Dr. Caruthers, corresponding secretary of the Homœopathic Medical Society of the State of Pennsylvania, inviting the County Society to prepare a paper for presentation at the next meeting of the State Society.

The invitation was accepted, and Drs. John E. James, M. Macfarlan, W. T. Maguire, W. B. Van Lennep, and Percy O. B. Gause were appointed to prepare the paper.

Upon Dr. C. Mohr's proposition, Dr. Aug. W. Koch was unanimously elected honorary member of the County Society.

Dr. B. W. James was elected delegate to the American Institute of Homœopathy.

The Board of Examiners, consisting of Drs. J. K. Lee, C. B. Knerr, and H. N. Martin, was next appointed.

Drs. W. P. Mullin and M. F. Middleton applied for membership.

The Bureau of Sanitary Science, Dr. J. Sperry Thomas, *chairman*, presented two papers: 1. "School Sanitation," by Dr. J. S. Thomas; 2. "The Diet of School Children," by Dr. B. W. James.

Dr. G. W. Marter described "an apparatus for disinfecting school-rooms."

The bureau report was accepted and then discussed by Drs. W. B. Trites, P. Dudley, B. W. James, and C. E. Toothaker.

The Committee on the President's Address offered the following resolutions, which were passed *seriatim*:

Resolved, That the President shall appoint one or more members to open the discussion on each bureau report, said appointment to be made at the meeting next preceding said report.

Resolved, That the officers of this society be instructed to call a meeting of the profession of Philadelphia and vicinity, on Thursday evening, May 15th, 1884, to consider plans for furthering the interests of the new college and hospital.

Resolved, That a committee, consisting of Drs. Neidhard, Samuel Brown, H. N. Martin, A. Korndörfer, W. B. Trites, and Daniel Karsner, be appointed to present suggestions as a basis for the consideration of the meeting mentioned in the previous resolution.

Dr. W. K. Ingersoll, chairman of the Bureau of Anatomy, Physiology, and Pathology, announced that at the June meeting the bureau would discuss the "Pathology of Urine."

After the President had appointed Dr. S. H. Quint, chairman of the Bureau of Sanitary Science for the ensuing year, the meeting adjourned.

THE PENNSYLVANIA STATE SOCIETY'S MEETING—LETTERS
FROM THE PRESIDENT AND SECRETARY.

PITTSBURGH, PA., July 21st, 1884.

EDITORS *HAHNEMANNIAN MONTHLY* :

In view of the fact that the time is drawing near for the annual meeting of our State Medical Society, I have thought a few suggestions through your columns would not be out of place.

The meeting this year will be held in the new Homœopathic Hospital in this city. In the year 1866, just after the opening of the old hospital, our State Society was organized within its walls. Let the twentieth annual session, held at the birth-place, be such a meeting, in point of numbers and the work accomplished, that the public may see how strong we have grown in the lapsing years,—both Hospital and Society keeping time and step together.

I would strongly urge upon the members the duty they owe to themselves, as well as to the Society, to attend the meetings, and contribute to its work; papers will be welcomed from all the members, as well as expected from all appointed on its bureaus.

The work of our State Society will be of greater practical benefit if our members contribute papers giving us the results of their own personal experience and investigation, telling of the work done by each laborer, and what the outcome has been. Let us have whatever is new, medical or surgical,—aids for the doctor or aids for the sufferer; new remedies being proved and old remedies verified. I hope the chairman of each bureau will urge upon his fellow-members to at once complete their papers and send him their respective titles. Just here let me suggest that it would be advisable—with the consent of the editors—that each chairman send for publication to the *HAHNEMANNIAN MONTHLY* the title of all papers (as far as heard from) to be presented by his bureau. By this method we would have in the September number of the journal food for reflection prior to our meeting, and come the better prepared to discuss the papers when read. Discussions are of the greatest importance, and due time should be given at the close of each bureau report for a full and free interchange of views concerning each subject presented. To the Bureau of Sanitary Science we will look for a report on the cholera epidemic now prevailing in France, and precautionary measures to prevent its invasion of this country, as well as its etiology

and propagation, together with suggestions relating to the invasion of other epidemics.

The Allegheny County Homœopathic Medical Society will welcome the M. D.'s from all parts of the State.

The Monongahela House will be headquarters for visiting doctors; the hospital, a square away, will be open for inspection, and within its chapel our sessions will be held.

Very truly,

WM. R. CHILDS, M.D.,

President.

ALLEGHENY CITY, PA., July 21st, 1884.

As announced in the last issue of the *HAHNEMANNIAN*, the next session of the Homœopathic Medical Society of Pennsylvania will be held in Pittsburgh on the 16th, 17th, and 18th of September next. Arrangements have been made to hold the meetings of the Society in the chapel of the new hospital building. The *MONONGAHELA HOUSE* has been selected as the "headquarters" for the visiting members.

We would respectfully urge upon the chairmen of the various bureaus the necessity of having full reports in their respective departments. Volunteer papers, from members who were not appointed on bureaus, can be sent to the bureau chairmen or to the Secretary.

A cordial invitation is extended to all the homœopathic physicians in the State, whether members or not, to meet with us. We would also be glad to see physicians from adjoining States and representatives from other societies.

Blank forms for application for membership can be had by addressing the Secretary.

R. E. CARUTHERS, M.D.,

Allegheny, Pa

ON OPENING AND DRAINAGE OF ABSCESS CAVITIES OF THE BRAIN.—Abscess of the brain in almost every instance, if left to itself, terminates fatally. Drs. Fenger and Lee, therefore, advocate that in these cases trephining be resorted to; that exploratory puncture and aspiration be resorted to as a means of ascertaining the seat of the abscess through the trephine opening; that the abscess cavity be opened and thorough drainage effected. This method of treatment has reduced the mortality of the affection, hitherto invariably fatal, to about fifty per cent. The authors themselves report a case terminating successfully under their treatment.—*Amer. Journ. of Med. Sci.*, July, 1884.

1884.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. VI.

Philadelphia, Pa., August, 1884.

No. 8.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

WHERE SHALL THE INSTITUTE MEET NEXT YEAR?—
Last month we directed attention to a communication received by Dr. Burgher, secretary of the American Institute of Homœopathy, from the management of the World's Industrial and Cotton Centennial Exposition, to be held next winter and spring in New Orleans, La., inviting the Institute to hold an annual or special session in the Exposition. We asked from our readers an expression of their views as to the wisdom of changing the place from St. Louis, Mo., to New Orleans, and the time at which the meeting should be held in case such a change should be ordered. To our request we have received but ten replies, which are in brief as follows:

DR. F. PARK LEWIS, of Buffalo, N. Y., says: "I should say New Orleans and April for the next meeting."

DR. A. S. EVERETT, of Denver, Col.: "Please put me down in favor of going to New Orleans in April or May of 1885. Any time during those two months is not too late."

DR. J. P. DAKE, of Nashville, Tenn.: "Please record me in favor of a change from St. Louis to New Orleans; the meeting to be in April, first week. I was sorry the invitation from the Exposition did not reach us before our adjournment. By all means let us go to New Orleans."

DR. A. C. BOWIE, of Uniontown, Pa.: "I would say, go to New Orleans, though not in a buggy. May would be the best time for physicians in this locality to leave business." (The Doctor is alluding to the fact that he drove to Deer Park in a buggy,—the distance being forty-five miles over a mountain road.—EDS.)

DR. HENRY C. HOUGHTON, of New York: "If we go to New Orleans, I shall be sorry, for it will be very difficult to get away from business and from college work, etc., and I do not believe in reversing the action of the Institute without a *marked necessity*."

DR. J. P. GEPPERT, of Cincinnati, O.: "I should favor the proposition that the Institute hold its next meeting at New Orleans during the Exposition. It will be almost ten years since the rousing meeting held in Philadelphia, and it would give us a national recognition and show a kindly feeling towards our Southern constituents to accept their invitation."

DR. E. M. HALE, of Chicago, Ill.: "It is my conviction that the best place to hold the next meeting is the city of New Orleans. There are two reasons for this preference: (1) The South is entering on a new era of progress, in which the status of Homœopathy will be greatly benefited by selecting New Orleans, and especially during the Exposition. (2) If the meeting is held just after the college sessions are closed, nearly all our Northern physicians would be glad to attend, for about that time hundreds of them are inclined to go to a milder climate to escape the trying weather of our Northern spring. I hope the change will be made, and believe it will conduce to the progress of our school."

DR. E. HASBROUCK, of Brooklyn, N. Y.: "I deem it highly inexpedient for the Executive Committee, *under the present circumstances*, to assume the responsibility of ordering the proposed change. I see but two feasible plans by which the matter can be properly disposed of. 1st, Allow the recent action of the Institute to remain intact; or 2d. Submit the subject in full detail by circular to *all* members of the Institute (together with blank postal-card for reply), and make two classifications of the replies.—first, of those who were at the recent meeting; and, second, of those who were not present. Then let the proposed change require the consent of at least a majority of the first class, with a large affirmative vote from the second class. This plan will involve some labor and expense, but will be fair to all concerned, and will, I think, save the Executive Committee some hard imprecations. By this method the whole subject can be disposed of by September 1st."

DR. GEORGE B. PECK, of Providence, R. I.: "Our organization is 'The American Institute of Homœopathy'; its policy should never belie its name. No section of the country should be omitted in its visitations. Is the cause strong in the designated section? Then the occasion may serve as a gala-day. Is it weak? Then missionary work is a paramount duty, and should be esteemed a privilege as well. Too much of the Institute's influence has been expended within a radius of a few hundred miles. New Orleans, Boston, and Lake Minnetonka would enkindle many bright anticipations for the next three years.

"There is but one serious objection to New Orleans as the place of meeting for next year. Our St. Louis brethren, as we were told at Deer Park, have long desired the Institute's presence, and have felt slighted because their oft-repeated invitations have been unheeded. We should be just before we are generous. If they are ready to waive their claim in favor of New Orleans, the only obstacle will be removed. There can be no question as to the desirability of a session at the Exposition *per se*, and if the question of a change be settled by September or October, the bureaus can be as well prepared to report in April as in June."

DR. T. F. SMITH, of New York: "I am not in favor of such a change; first, because the increased cost to many of our members would deter them

from attending; secondly, I doubt if as large an attendance can be secured at New Orleans as in the more central city of St. Louis. A large majority of those who attend the sessions are from the East, North, and West. Our Southern physicians attend in but small numbers, and I doubt if we should see many more of them at New Orleans than at St. Louis. Thirdly, the invitation does not come from our professional brethren in the South, but from an outside source, and we do not know that our Southern brethren desire to have us meet there.

"I do not agree with you in the opinion expressed by you, that the Executive Committee has authority to change the place of meeting, as already fixed by a very decided vote of the Institute. I know it has done so in one instance; but in that case the Institute was informed by a representative of the physicians living in the city where it was to meet, that it could not be accommodated there, and no other course, therefore, seemed to be left open to the committee but to decide to go to another place. In the present instance no such emergency has arisen. If, however, the committee deem it advisable to go to New Orleans, every member should be communicated with by mail, and his vote obtained in regard to such proposed change; and if it is finally determined to go to New Orleans, it seems that for physicians of the Eastern and Middle States the best time would be about the 15th of April; March being a very inconvenient time for them to leave home."

There! *That*, it seems, is "the opinion of the HAHNEMAN-NIAN MONTHLY." We confess that it is much like going to a lawyer for an opinion. One can get almost anything he wants if only he is willing to pay for it.

Seriously, it must be said that the reasons given by our correspondents, both for and against the proposed change, are nearly all of them good ones. It is noticeable that of the ten correspondents, seven favor the change, and three oppose it. All the ten except one, we believe, were present at the Deer Park meeting. The suggestion of Drs. Hasbrouck and Smith, that the Institute members be asked for a vote on the subject, ought to commend itself to general favor. A decision thus reached would be cheerfully acquiesced in by all.

Personally we are decidedly in favor of the change; and yet it would be far better to allow matters to remain as already fixed than to have a slimly attended or otherwise unsuccessful meeting at the far South. Such a session would seriously injure homœopathy in the Gulf States, and cripple its progress for years to come. On the other hand, there is perhaps no city in the country in which a full and enthusiastic session would be more fruitful of good results than in New Orleans. Our firm conviction is, that, with a little extra and well-directed effort, quite a large gathering can be secured. Texas and Louisiana have recently been pretty well stirred up in matters homœopathic, and would doubtless send full quotas, while the remaining Gulf States would also be represented by larger numbers than in meetings held farther north. Within

a day's ride by rail, *i. e.*, in Tennessee, Kentucky, Arkansas, Missouri, and in Southern Indiana, Illinois, and Iowa, there are more homœopathic physicians than there were in the whole country twenty-five years ago. Besides these, the attractions of the Exposition and of a trip to the sunny South in early spring-time, would secure the attendance of numerous delegates from the far North and East and West. And not a few from all sections would attend the session solely for the purpose of adding their individual influence in furthering the cause of homœopathy in the South by presenting a bold, strong front in the presence of its enemies and of unbelievers.

EXPLANATORY.—Exception has been taken to our editorial on the Materia Medica Bureau of the Institute. It is asserted that the words, “novel in recommendation,” and “novel in reception,” cast a slur on the good work that has been done and is still being done.

We regret that we have been thus misunderstood. By “novel recommendations” we did not mean that the report was in the least objectionable. We meant “novel” in the sense of being new to the Institute,—a sort of innovation upon the old methods.

That this is our meaning, or, at least, that our meaning is not as interpreted by our critic, is clear from the fact that we were one of the members of the bureau who assented to the report,—assented to it because we believed that it would work well for homœopathy.

But, concerning the novelty of the *reception* of the report, surely this is plain to every one who knows anything of the proceedings of the late meeting of the Institute; and so we presume our critic will agree with us here.

We were very careful, too, in our remarks, not to cast any reflections upon our good friend, Dr. J. P. Dake, who was chosen American editor of the prospective work on Materia Medica. We are very sure that Dr. Dake had no part in his own appointment; indeed, from conversation with him, prior to the meeting of his bureau, we inferred that he did not care to take upon himself any such weighty burden as is now imposed upon him by the vote of his many friends.

But, with duties thrust upon him, we are sure he will work energetically and untiringly until they are fully and satisfactorily fulfilled. As a matter of interest to our readers we publish below the report of the Committee on Associate American Editor for the Revised Materia Medica:—

"The Committee on an Associate American Editor on the Revision and Publication of the *Materia Medica*, and nomination of the same, would respectfully report:

"That they first calmly considered the advisability of having a co-laborer from this side of the water—from the membership of this National body—in the editorship of the proposed revised *Materia Medica*, and, for reasons given at the meeting assembled last evening, and others equally strong, are unanimously in favor of such appointment.

"They, then, as carefully considered the question, Who would be the best man for the position—so far as proper and harmonious work in this great undertaking is concerned?—at the same time taking into consideration what they believe to be the preferences of the majority of the thousand members of this Institute.

"In the selection of the incumbent of so important a position they feel that he should be a representative man; that he should be an able man; that he should be a man thoroughly versed by long experience in this peculiar work; that he should be a man whose heart is in the work,—a man who could not be suspected, from connection with any institution of learning, of having any interests at stake but the advancement of this great, and, to our entire school in all parts of the world, important enterprise.

"There is such a man in this Institute, whose name appears in every volume of the *Transactions* for over a quarter of a century in connection with able literary work—a former professor of *Materia Medica*—perhaps the oldest professor of that branch now living in America. The man with whom the idea of a revision of the *Materia Medica*, so far as America is concerned, originated, who for years has been Chairman of the Bureau of *Materia Medica* in this Institute, who is always at his post, who has never defaulted in the presentation of a good report—showing hard and original work—a man, a representative man, possessing from long experience the necessary ability; a man whose heart is in this enterprise, and who of all men could work in harmony with him who is our unanimous choice as foreign editor, an ex-president of this Institute, who is connected with no college, who is respected, admired, beloved by us all. That man, the unanimous choice of the Committee, is J. P. Dake, M.D., of Nashville, Tenn.

"Respectfully submitted.

"J. W. DOWLING, M.D.,

"I. T. TALBOT, M.D.,

"O. S. RUNNELS, M.D.,

"Committee."

Notes and Comments.

PENNSYLVANIA HOMOEOPATHISTS should not fail to read the letters of President Childs and Secretary Caruthers in this number.

BACK NUMBER WANTED.—Will any physician having the May, 1883, issue of this journal to dispose of, please address our Business Manager, N.E. cor. Eighteenth and Green Streets, Philadelphia, Pa.

FRAUDULENT CERTIFICATION OF INSANITY.—Recently, in England, suits for damages have been instituted by a lady against Drs. Forbes and Semple for falsely certifying to her insanity and securing her incarceration in an asylum. The suit as against Dr. Semple has just been tried, the jury awarding the plaintiff £1000 damages. The judge thanked the plaintiff for having so succeeded in punishing a too prevalent crime.

BOUND TO BE AHEAD.—A Pittsburgh paper suggests that as illuminating gas is said to be a germicide, the natural subterranean gases known to exist in large quantity within easy reach of that city might be conducted in pipes and discharged into the yards, houses, cesspools, and also into the hospitals of that city as an effective safeguard against cholera and other infectious diseases. Pittsburgh is never happy except when she is doing something to astonish her slow-paced neighbors.

OUR BUSINESS MANAGER.—Dr. B. W. James has been indisposed for several weeks past with neurasthenia, caused evidently by the abnormal longitude of his days and the brevity of his nights for years past. Rest has done much for him, and he is daily gaining strength. Our subscribers who have not yet received his beautiful autograph for the current volume, can greatly assist his recovery by sending him the necessary application and inclosure. Every such dose makes him feel "like another man," and then he wants that "other man" to have a dose too.

THE proportion of casein in human milk, it is claimed by Dr. Arthur V. Meigs of Philadelphia, does not exceed one per cent. His remarks on the subject, in a paper published in the *Archives of Pediatrics* for April, 1884, are quite conclusive on this point, and also show that cow's milk contains three times as much casein as human milk, or even more. Dilution of cow's milk with three volumes of water does not produce a substitute for human milk, because it reduces the fats and sugar to a proportion far below that of human milk. Dr. Meigs constructs an artificial food, which yields almost exactly the same quantitative results as human milk, as follows:

In a measured pint of hot water, $17\frac{3}{4}$ drachms of pure milk-sugar is dissolved. (In a cool place this will keep sweet for a day or two, but as soon as it begins to sour it must, of course, be renewed.) Procure from a reliable milkman fresh and good milk and cream (*not* the rich milk and cream of Jersey or other fancy cattle). When the child is to be fed, mix two table-spoonfuls of cream, one of milk, two of lime-water, and three of the sugar solution. Warm it, pour it into the feeding-bottle, and use. The quantity must be increased as the child grows older. The doctor does not favor increasing the *strength* of the mixture, at least until the child is six or nine months old.

New Publications.

VACCINOSIS AND HOMŒOPROPHYLAXIS. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. 1884.

Dr. Burnett is always an entertaining writer, and in the book before us he has lost none of his spice and none of his ability to instruct.

We fully agree with him that vaccination may, and very often does, leave a disease-impress, which lays the foundation for numerous ailments and complicates even the simplest disease taken. Therefore we accept the name "vaccinosis" as expressive of one of a number of constitutional diseases that pathology refuses or fails to recognize. As homœopaths, we know that syphilis, gonorrhœa, etc., may lurk in the system without declaring themselves by the usual accredited pathognomonic symptoms. And often we fail to cure until we wisely select an antidote which shall tend to modify or remove the original disease-causing taint.

That Thuja is the main curative agent in vaccinosis was long ago attested by Bönninghausen, and is now again proved by the indefatigable investigator, Dr. Burnett.

The doctor tried *Ant. tart.*, but, of course, without success, for that drug tends to *develop* variola (hence its use early), while Thuja, as his cases also demonstrate, tends to wither the pustules.

The second part of the little book treats of preventive medicine. Here the author prefers using the term "*homœoprophylaxis*" instead of *homœopathy*, claiming, of course, that like to like is common to both, though the former requires the formula "*like prevents like*;" the latter, "*like cures like*."

According to this method, the doctor administers "*similars*" as preventives of variola instead of resorting to repeated vaccinations. His chief dependence seems to be upon potentized vaccine virus. In this country we have also been very successful with Cyanide of potassium (well tested by Dr. Korndoerfer), and also with Malandrium, recommended by Dr. Boskowitz.

F.

MANUAL OF PHYSIOLOGY; A Text-book for Students of Medicine. By Gerald F. Yeo, M.D., F.R.C.S., Professor of Physiology in King's College, London, etc. Philadelphia: P. Blakiston, Son & Co. 1884. 12mo., pp. 756.

Every real improvement in a text-book merits the gratitude of teacher and pupil alike. To the student of medicine especially, hurried as he is, anything that may serve to lighten his labors or to assist him to a real and practical knowledge of the art he seeks to acquire should be, and is, welcomed most heartily.

We have referred a good many times to the book under consideration, searching for its teachings in regard to the later discoveries in physiology, have examined critically its style, its illustrations, the detailed arrangement of its parts and subjects, and its general scope and thoroughness. And we are so well pleased with it in every one of these particulars that we have determined to recommend it specially to students of medicine as a college text-book.

Evidently the author of the work is a thorough and experienced teacher. That fact stands out plainly enough on every page. He has learned just where the hard places are for the student, and the discouraging places for the teacher, and he has been eminently successful in making the crooked places straight and the rough places plain. He claims in the Preface to have "*adopted the time-honored plan*" found in most modern text-books. So indeed he has in a general way, but in the smaller subdivisions of his work he has vastly improved on these, and has, in our humble opinion, given the most logical and natural arrangement we have yet met with. Then there are two other reasons why we like the book for a medical student. One is, it does not bore him with the history of the discovery of physiological facts and principles, and the other is, it leaves almost entirely

out of the text the discussion of knotty theoretical points. The study of the nervous system is admirably presented and admirably illustrated, several of the cuts being entirely new to us. A Table of Contents at the beginning, and an Index and Glossary at the end, serve to give completeness to the work. As a teacher in this department of medical science, it comes very close to our ideal. D.

THE THERAPEUTICS OF INTERMITTENT FEVER. BY H. C. ALLEN, M.D. Second Edition. Philadelphia: Published by the Hahnemann Publishing House, F. E. Boericke. 1884.

We need not give an extensive review of this book, since we have already commended it in a previous issue after reading over advanced sheets sent us by the author.

We have examined somewhat minutely into the arrangement and substance of the book, and feel that both are convenient and trustworthy.

Sins of omission and commission, the author says, he has endeavored to correct, but evidences thereof must necessarily still crop out, as books, like mortals, are never perfect.

Some of these so-called sins arise from our defective methods. For instance, under the head of Ignatia, Dr. Allen has in fat type: "Deep snoring sleep (Apis, Opium)."

This is a genuine symptom, and, so far as words go, belongs also to all the drugs mentioned. But the origin of the symptom is so entirely distinct in Ignatia and Opium, that one wonders why these two need be mentioned together, except in the repertorial portion of the book. For some reason or other, however, Ignatia is not included in the repertory under deep snoring sleep.

Under Cyclamen, the author italicises the statement that thirstlessness is characteristic. We do not deny this, but we think that the presence of thirst in the evening with heat of the face is important enough to claim a place in so exhaustive a treatise as the one under review.

Why neglect the trusty Ceanothus as a spleen remedy?

No notice is taken of the valuable contribution to Sulphur made by Drs. C. Wesselhøft and D. Gardiner respectively. The first uses the drug when the fever will not break, and the tongue becomes dry, the speech thick, and thought slow. The second gives the medicine when, in intermittents, he finds the characteristic hot, dry skin, no critical sweat. We have often confirmed both observations. To be sure, this want of reaction is involved in the general statements given by Dr. Allen, but we think particulars desirable.

But the book is full of good, reliable symptoms, and cannot be dispensed with either by student or practitioner. It will be no excuse to say one has the first edition, for the second has so much that is new, and has new and old so well arranged in repertorial form in addition to the detailed text, that it is virtually a new book. F.

A GUIDE TO AMERICAN MEDICAL STUDENTS IN EUROPE. By Henry Hun, M.D., Lecturer on Diseases of the Nervous System in Albany Medical College. New York: William Wood & Company. 1883. 12mo., pp. 156.

The specific object of this work is sufficiently set forth in its title. The number of American medical graduates who supplement their home college training with a more or less extended course of hospital study in Europe, has grown to surprising proportions, and is still growing. It is a natural presumption that many of these students miss numerous advantages simply because of their lack of specific knowledge of the best, perhaps the only, means by which they can be secured. These drawbacks to the untravelled student seem to have been largely overcome in Dr. Hun's little book.

The directions given are definite and specific in character, and include the names, and in some instances the residences, of the professors and other instructors, with the terms, etc., of each special course of study, hours for clinics, etc., together with almost innumerable notes respecting the arrangement of classes, privileges and duties of students, and the mode and style of many of the teachers. In this free and detailed method the author treats of the courses of hospital instruction in nearly thirty European cities, all the more important ones being, of course, included. We should think the work a most desirable one to those contemplating either a course of study in, or an extended visit to, the hospitals of Europe. D.

Gleanings.

ADHERENT ULCERS.—Dr. James Hardie, described a form of ulcer which is frequently confounded with the indolent ulcer. A correct understanding of its exact nature is necessary in order to effect a cure. The characteristic condition of these ulcers is the condition of the base, that is, it is hard, tense, and resilient. This signifies a deposit of plastic lymph in the tissues, the result of a previous inflammatory process in the part. This plastic material in course of time becomes less soft, more organized, dries up, and, in short, is converted into dense cicatricial tissue almost as dense as cartilage, and almost as destitute of bloodvessels. Thus the ulcer becomes incorporated with and adherent to the subjacent fascia, and thus its base becomes converted into a tissue with no adaptability for carrying on the processes essential to healing. All such ulcers have a strong tendency to present, in process of time, the characters of "indolence," more especially as regards the appearance of their surface. Such ulcers have no spontaneous tendency to heal, and more especially that it is this character of adhesion to the deeper tissues which is the obstacle to their healing. To cure these ulcers, all that is necessary is to make a crucial incision right across the ulcer, from soft skin on one side to soft skin on the other. Care must be taken to go deep enough to divide completely the infiltrated tissue, and expose the normal tissue beneath. The elasticity of the cicatricial tissue will cause the edges of the incision to spring apart, leaving four gaping wounds in the base of the ulcer, with four gristly, tongue-like processes projecting from its sides. A few days after the operation the wound has an alarming appearance. The soft tissue at the bottom pushes up its granulations. The old cicatricial processes retract more and more. The edges of the ulcer retreat. Bright,

vigorous granulations fill up the gap, and at the end of a week the ulcer is twice the size that it was originally. Soon a healthy sore is established, and healing goes on apace.—*Lancet*, May 17, 1884.

A SHOULDER BRACE FOR THE TREATMENT OF STOOPING HABITS.—Mr. Wm. J. Walsham has devised a brace for the treatment of the stooping habit. It consists of two bands of solid rubber, which, when in position, form a cross behind the shoulders; to the upper end of each band is attached a simple buckle, and to the lower end a leather strap, which in the position where it passes under the arm is softly padded, so that when buckled to the opposite end of the other rubber band at the top on the shoulder, it forms a comfortable arm-circlet. From the situation where the padded straps pass under the arms a stout webbing tape descends to be buckled upon a webbing waist-band. The brace should not be worn the whole day, but a few hours only at a time.—*The Lancet*, May 3, 1884.

CONTRIBUTION TO THE ACTION OF SALICYLATE OF SODA.—Dr. St. Clair Thomson reports two cases which may afford some information respecting the action of salicylate of soda. In the first case, acute tonsillitis was developed after the patient had taken the drug nine days for rheumatic fever; and in the second case rheumatic fever with cardiac complications appeared after the patient had been under its influence for the same period, the drug in this instance having been given for acute tonsillitis.—*The Lancet*, May 24, 1884.

BRIGHT'S DISEASE OF MALARIAL ORIGIN.—Dr. I. E. Atkinson, in seventy-six cases of malarial fevers noted albuminuria five times. After a careful study of these cases and a careful research into the literature of the subject, he believes himself justified in formulating the following conclusions: 1. Transitory albuminuria is not uncommon in the course of malarial fevers, and is due to the intense visceral congestions characteristic of these affections. It only may endure through the height of the congestion, recurring with each return of this, or it may persist in the intervals, in which event a higher grade of congestion is attained, more nearly approaching a condition of acute inflammation. 2. In a proportion of cases, varying with locality and type of the prevailing epidemic or individual conditions, inflammation of the kidneys occurs, accompanied by dropsy and the usual symptoms of nephritis. 3. The usual form of malarial nephritis is the tubal and diffuse variety. In this, the inflammation seems to be most intense in the vicinity of the glomeruli. 4. Contracted kidney may occur as an advanced stage of malarial nephritis either from long continued or frequently repeated attacks of malarial fever, or from fibrotic changes, such as may ultimately occur in ordinary tubal or diffuse nephritis. It is altogether improbable that this form of malarial renal disease ever occurs primarily as purely interstitial nephritis. 5. These changes may be induced by any form of malarial fever though they more commonly follow chronic intermittent fever. 6. The tendency of malarial inflammation of the kidneys is towards recovery. But from the persistence of the impaludism or the intensity of the inflammation, structural changes may be produced that are characteristic of chronic Bright's Disease from whatever cause. 7. Treatment should be directed primarily against the malarial intoxication, more especially in recent cases. A correction of this will often be followed by a complete though often gradual subsidence of the nephritis. Even in more chronic cases, the malarial factor in the case should definitely be destroyed if possible, after which the disease should be treated as ordinary Bright's disease.—*Amer. Journ. Med. Sc.*, July, 1884

ON THE PATHOLOGY OF PAGET'S DISEASE OF THE NIPPLE.—The relation between certain diseased processes of the nipple and areola, and the

subsequent development of mammary cancer, first pointed out by Paget, has already evoked some discussion. The importance of the subject is apparent and it ultimately resolves itself into the question of distinguishing between ordinary disease of the nipple and another similar cutaneous pathological process, which on good grounds is believed to lead to the formation of malignant disease of the mammary gland. The histology of the two diseases as already indicated by Thin is distinct. But the question of paramount importance is to settle the exact relation between the cutaneous affection and the subsequent development of cancer in the gland. Drs. Duhring and Wile have made a careful microscopical examination of sections taken from a case of Paget's disease of the nipple. The following is a summary of what they observed: 1. Horny layer of epidermis present in thin, loosely adherent, partially exfoliated layers, and in some places absent, so as to expose the papillæ of the rete Malpighii, which in turn is occasionally absent, exposing the papillæ of the corium. 2. The rete Malpighii is in a condition of abnormal growth and degeneration. In each papilla there is formed an alveolus or concentric arrangement of the cells, in which there is a central zone of degeneration and a peripheral zone of proliferation. 3. The papillæ of the corium, infiltrated by dense masses of lymphoid cells, are encroached upon, compressed and finally obliterated by the proliferating rete. 4. The upper layers of the corium, with the exception of a varying amount of perivascular lymphoid exudation, are the seat of little change. 5. In the middle and lower layers are variously sized alveoli of epithelial cells, regarded as typical cancer new-formation. 6. The stroma in more recent formations is embryonic, in later stages, it is atrophic, almost cicatricial. 7. The cicatricial-like connective-tissue, under the site of the nipple, may contribute much in bringing about retraction. 7. The larger lactiferous ducts though carcinomatous change has already taken place in them, are present with intact walls. They are filled with epithelial cells. The smaller ducts are also filled with cells, and occasionally a breach through the entire wall is observed, and, in the immediate vicinity, typical cancer structure may be seen. 9. Sections from the border of the diseased cutaneous tissue show a sudden transition from healthy to diseased structure. 10. The affection is regarded as an abnormal proliferation and degeneration of the rete with secondary destruction of the papillæ of the corium, and subsequent development of scirrhus cancer of the atrophying variety. 11. The cancerous change takes its origin from the epithelium of the smaller ducts and advances from below upwards and outwards as far as the skin is concerned; later it attacks the gland structure. 12. The retraction of the nipple is an early sign of carcinomatous change.—*Amer. Journ. Med. Sc.*, July, 1884.

CORTICAL LESIONS OF THE BRAIN.—From the analysis of the cases of cortical lesion of the brain, collected and incorporated in his paper on the above subject, and a review of the results reached by foreign authors, Dr. M. Allen Starr draws the following conclusions: "1. Various powers of the mind are to be connected with activity in various regions of the brain, the surface of the organ being the seat of conscious mental action. 2. The highest qualities of the mind, intellect, judgment, reason, self-control, require for their normal display integrity of the entire brain, but especially of the frontal lobes. A change of disposition and character may be considered as symptomatic of disease of the brain, and in the absence of other symptoms of disease of the frontal lobes. 3. The power of sensory perception is distributed over the various regions of the brain with which the various sensory organs are anatomically connected. In these regions objects are not only first consciously perceived, but are also subsequently recognized; and hence it is in these regions that the memory pictures are stored, by whose aid the act of recognition is accomplished. (a). Dis-

turbance of sight, whether in the form of actual blindness or of failure to recognize or remember familiar objects, or of hallucinations or of vision, may indicate disease in the occipital lobes. An examination of the field of vision will indicate which lobe is affected, since blindness in the right half of both eyes may be due to destruction of the left lobe, and blindness of the left half of both eyes may be due to destruction of the right lobe. (b). Disturbance of hearing, with actual deafness in one ear, or hallucinations of sound on one side (voices, music, etc.), may indicate disease in the first temporal convolution of the opposite side. Failure to recognize or to remember spoken language is characteristic of disease of the first temporal convolution of the left side in right-handed persons, and of the right side in left-handed persons. Failure to recognize printed or written language has accompanied disease of the angular gyrus at the junction of the temporal and occipital regions of the left side in four cases. (c). Disturbance of smell, either as an hallucination or a loss of power to perceive odors, may possibly indicate disease in the temporo-sphenoidal region or the base of the brain. (d). Disturbance of taste cannot as yet be connected with disease in any region. This is due to lack of care in testing this sense in cases of brain disease. (e). Disturbance of general sensation—including the sense of touch, pressure, pain, and temperature, together with the sense of the location of a limb—may occur either in the form of subjective perceptions, of such sensations without objective cause, or in the form of impairment of these sensations. In either case, it indicates a disease in the central convolution, and possibly in the adjacent portions of the parietal lobules. 4. The power of voluntary motion of the muscles of the opposite side of the body is located in the two central convolutions which border the fissure of Rolando; motions of the face and tongue originate in the lower third of this region; motions of the arm in the middle third; motions of the leg in the upper third. Spasm in a single group of muscles, or paralysis of a single group of muscles, may indicate disease of its motor area. Extensive spasms or paralysis may indicate a large area of disease in this region, but, if more marked in a single group of muscles than in others, it may indicate a small focus of disease in the motor area of that group, affecting other motor areas indirectly and coincidently. Paralysis following spasms in one group of muscles is a characteristic symptom of disease in the central region. 5. Disturbances of the power of speech indicate disease in the convolutions about the fissure of Sylvius, on the left side in right-handed persons, and on the right side in left-handed persons. If the patient can understand a question, and can recall the words needed for a reply, but is unable to initiate the necessary movements involved in speaking, the disease is probably in the third frontal convolution, and in the adjacent portion of the anterior central convolution. If the patient cannot recognize spoken language, but can repeat words after another, or can use exclamations on being irritated, the disease is probably in the first temporal convolution. If the patient can understand and can talk, but replaces a word desired by one that is unexpected, the disease is probably situated deep within the Sylvian fissure, or in the white substance of the brain, and involves the associating fibres which join the convolutions just named.”—*Am. Journ. Med. Sci.*, July, 1884.

LIGATION OF THE COMMON FEMORAL ARTERY.—From a study of the recorded cases, Dr. L. McLane Tiffany, of Baltimore, is led to the following conclusions: “1. Ligation of the common femoral in continuity for distal wound is attended with great mortality, and should not be substituted for the application of ligatures above and below the point wounded. 2. Ligation of the common femoral for aneurism, or elephantiasis, is proper. 3. The crural sheath should be freely opened, and the vessel carefully examined for the origin of the profunda and epigastric, the ligature not to be tied within half or three-quarters of an inch of either. 4. Half or three-

quarters of an inch below Poupart's ligament will probably be the most favorable locality for the ligature. 5. The presence of a small branch near the seat of the ligature does not contraindicate the operation; such branch should be also tied."—*Medical News*, July 5th, 1884.

A CASE OF NECROSIS OF THE FEMUR.—Dr. John Ferguson reports a case of necrosis of the femur in which the portion of the bone which came away was four inches in length, and included the entire diameter of the shaft of that bone. On passing the finger into the cavity in the thigh, a thin shell of newly made bone could be felt, somewhat like a thin trough. The steps of repair advanced until the femur was entirely restored. Recovery took place without shortening of the limb.—*Amer. Journ. Med. Sc.*, July, 1884.

A NEW APPARATUS FOR DRAWING FORWARD THE CHEEK AFTER HARE-LIP OPERATIONS.—To relieve the lips of compression, while yet the cheeks should be held well forwards and the edges of the operation wounds held in apposition, after the operation for hare-lip, Dr. William S. Cheesman suggests the following apparatus: Two curved tin bands crossing at right angles are made to encircle the head, one the forehead horizontally, while the other follows the perpendicular line of the sagittal suture. From their point of intersection in the middle of the forehead springs a rod which curves downwards in front of the lip. A tinsmith can make the apparatus in fifteen minutes. It must then be thoroughly padded and firmly bound to the head by roller bandages. A piece of adhesive plaster wide at one extremity, which may be slit as into fingers, is then made to take hold of each cheek like a hand, and, traction being made, the cheeks are pulled forward and the lip relaxed. The narrower ends of the plaster-strips are then fastened to the curved rods.—*Amer. Journ. Med. Sc.*, July, 1884.

THALLIUM.—Thallium has lately been used by Pozzi in the treatment of syphilis. While some benefit followed the administration of the drug, still it does not do the good which mercury will accomplish. In action it is similar to mercury, more poisonous but more readily eliminated from the system. In two patients it produced epigastric pains and vomiting, and several complained of swelling and tumefaction of the gums.—*Rev. de Thérap.*, May 15th, 1884.

THE RELATIONSHIP BETWEEN SCARLATINA AND DIPHTHERIA.—The *British Medical Journal* remarks editorially that the evidence of close relationship in origin and pathology of these diseases is rapidly accumulating. In some cases, barring mistakes in diagnosis, it seems that one may develop from exposure to the other. In a recent epidemic they existed side by side. Some of the cases affected had a red eruption, followed by a desquamation of the skin and renal dropsy; others had no rash, but were followed by paralysis. In some cases the first patient in a family attacked had vomiting, sudden accession of fever, and a red rash, while others a week or two later had no rash, but white patches in the throat, and in one or two instances subsequent paralysis of the pharyngeal muscles. It would seem that, though scarlatina generally originates from personal contagion, and though typical diphtheria often has a local origin, especially from sewer emanations, both diseases are due to an infection which in all cases attacks the throat, from which it is mainly propagated. In passing from person to person it may be so modified as to cause in one instance characteristic scarlatina, in another typical diphtheria, in a third a mongrel affection, which it is difficult to refer to either or to identify by any other name than that of a bad sore throat, and which is, in fact, a connecting link between the two diseases.—*Archives of Pediatrics*, June 15th, 1884.

ON ALBUMINURIA AND PARAMETRITIS.—At a meeting of the Royal Medical and Chirurgical Society, Dr. Matthews Duncan contributed a paper on the above subject, in which he proposed to show the frequent association of parametric phlegmon and abscess with albuminuria, pointing out the absence of this complication in perimetric inflammation and abscess, and in other inflammations and abscesses.—*Med. Times and Gaz.*, June 21st, 1884.

REMEDY FOR RHUS POISONING.—The fluid extract of serpentaria has been used in a number of cases of rhus poisoning with great success. It is best applied by placing cloths moistened with the extract upon the affected parts without any friction.—*Amer. Journ. Pharm.*, July, 1884.

BAD EFFECTS FROM THE BROMIDES.—There are certain individuals who are dangerously susceptible to the action of the bromides. Dr. L. C. Gray reports the case of a youth who was reduced to a condition of imbecility and general weakness by a three days' treatment with ten-grain doses of bromide of potassium. In another case the first dose of the drug produced a condition bordering on collapse, from which the patient was restored with difficulty. A third case was that of a young lady who had had a few epileptic paroxysms, for which she had been treated with large doses of the bromides during a period of about six months. She was in bed, almost pulseless, pallid, thin, exhibiting great mental sluggishness, being made to answer questions with great difficulty, weeping at times without cause, somnolent. Organic nervous disease had been diagnosed. The withdrawal of the bromides was ordered, and the patient was about in a few weeks.—*N. Y. Med. Journ.*, July 5th, 1884.

The case of a physician is reported, who committed suicide in a condition of frenzy produced by bromidizing himself for the prevention of sea-sickness.—*N. E. Med. Monthly*, June 15th, 1884.

PHYSIOLOGICAL ALBUMINURIA.—At a recent meeting of the Société de Médecine of Paris, M. Coignard (*Br. Med. Journ.*) reviewed and criticized the theories concerning albuminuria, and also the thesis on this subject written under the direction of Professor Bouchard. According to his personal observations and those of a number of cases collected by Keller, physiological albuminuria does not exist. M. Coignard admitted the existence of transitory albuminuria, as also of transitory glycosuria, but denied that albumen is ever found in the urine of perfectly healthy individuals.—*N. Y. Med. Rec.*, July 5th, 1884.

CHLORIDE OF GOLD AND SODIUM IN SOME NERVOUS AFFECTIONS.—At the recent meeting of the American Neurological Association, Dr. Roberts Bartholow read a paper on the above subject. The usual dose of the golden sodium chloride was one-twentieth of a grain. In this quantity, administered two or three times a day, it appears to have as a primary action the power to promote constructive metamorphosis, to improve the condition of the blood, and to increase tissue strength. Kept up for a time, the tissue changes become more rapid, waste occurs in excess of repair. The tissues which yielded most readily were connective tissue and pathological formations. Hence, the utility of the drug in sclerosis, whether nervous, hepatic, or renal. Especially in posterior spinal sclerosis and chronic interstitial nephritis had he found the salt very efficacious. There was a form of hypochondriasis coincident with changes in the cerebral vessels, and it might be depending upon these changes in which the gold and sodium chloride was effective. In time the uneasiness in the head, the vertiginous and other abnormal sensations subsided, and the mental depression cleared up. It seemed to him that the ancient opinion that gold was

a cordial in cases of melancholia was supported by modern experience.—*Phila. Med. Times*, June 28th, 1884.

REMEDY FOR TOOTHACHE.—Dr. J. R. Irwin (*N. C. Med. Journ.*) recommends the chewing of cinnamon bark for the relief of toothache. He says that if the bark is of good quality, the pain is immediately relieved.—*Therap. Gaz.*, June, 1884.

VAPOR OF GLYCERINE IN COUGH.—Professor Trastour uses with great advantage the vapors of glycerine where and whenever there is a fatiguing and painful cough. He puts 50 to 60 grammes of glycerine in a porcelain cup, and evaporates it by means of an alcohol lamp. An enormous quantity of vapor is generated. These evaporations are very precious in phthisis and other diseases of the respiratory tract.—*Analectie*, June, 1884.

ACUTE OPTIC NEURITIS ASSOCIATED WITH ACUTE MYELITIS.—Drs. Sharkey and Lawford read a paper on this subject before the Ophthalmological Society of the United Kingdom. The case reported was that of a girl in whom blindness without any other symptoms developed. On examination severe double optic neuritis was found. Thirty-three days after her vision failed she began to complain of paralysis, with loss of sensation, first in the left leg, then in the right. Anæsthesia gradually spread up the trunk and involved the arms, and she had incontinence of the evacuations. Cystitis came on. She finally died of peritonitis, sixty-two days from the time when her vision first failed. At the necropsy, peritonitis, cystitis, and suppurative nephritis were found. To the naked eye the brain and its membranes and the cerebral sinuses appeared healthy; but there was softening and great congestion of the cervical region of the spinal cord over a space two or three inches in length. Microscopical examination revealed the presence of acute inflammation in the softened cervical region in the columns of Goll above it, and in the lumbar enlargement, as well as in the optic nerves, discs, chiasma, and tracts. The interest in the case lay in the association of acute optic neuritis with acute myelitis. Gowers and Dreshfeld believe that in these cases the neuritis and myelitis are associated phenomena due to a common cause, but that neither depends directly on the other, a view which the above case corroborates, for the optic neuritis preceded the myelitis by a month, and there was no evidence at the *post-mortem* examination of any connection between them.—*Med. Times and Gaz.*, June 14th, 1884.

TREATMENT OF EARACHE.—It is said that by the following simple method almost instant relief of earache is afforded: Put five drops of chloroform on a little cotton or wool in the bowl of a clay pipe, then blow the vapor through the stem into the aching ear.—*Medical Record*, May 24th, 1884.

CORROSIVE SUBLIMATE IN GRANULAR CONJUNCTIVITIS.—In an original paper on the use of corrosive sublimate in trachoma (*Recueil d'Ophthalmologie*), Dr. Dujardin, of Lille, gives the results of his experience with the remedy during a period of several months, in a very large number of cases. Finding that the solution proposed by Sattler, at the Heidelberg Convention of 1883, viz., $\frac{1}{1000}$, as well as the $\frac{1}{1000}$ solution proposed by Dr. Poerchel, of Turin, were too weak to produce any decidedly caustic or astringent action on the granulation tissue, Dr. Dujardin adopted a solution prepared according to the following formula: Corrosive sublimate, 1 gm.; alcohol, 10 grms.; distilled water, 240 grms. The remedy is applied by means of a camel's-hair brush over the entire surface of the everted lid, two or three times a week, and it is not necessary to subse-

quently neutralize the caustic with water. The author does not decide the question as to the *modus operandi* of the remedy, but suggests that the disinfectant properties of the sublimate may, by destroying micro-organisms, materially assist the astringent action of the drug in effecting a cure. In recent granulations, Dr. Dujardin still prefers the nitrate of silver, and reserves the sublimate for cases of longer standing, and for those complicated by pannus.—*N. Y. Medical Record*, May 31st, 1884.

THE TREATMENT OF LUPUS VULGARIS BY THE LOCAL APPLICATION OF SULPHUROUS ACID.—Dr. Herbert Collier has employed sulphurous acid as a remedial agent in lupus, in the form of a lotion, or an oil, or in the gaseous state. The last mentioned modification is most useful when its application is required to parts distant from the respiratory organs, and can readily be obtained by burning sulphur in a jar or open-mouthed bottle, and allowing the rising fumes free contact with the surface to be treated. The duration and frequency of the applications will vary according to circumstances; but, as a rule, two applications daily, each for about twenty minutes, will be found sufficient to produce the healing effect of the remedy. The lotion is best obtained by the use of the pharmacopœial preparation of the acid, either alone, or diluted to relative strengths of one in two, one in three, or one in four. This can be applied to any part of the face without producing disagreeable effects. Dr. Collier prefers, however, the application of the oil. This is best made by dissolving the anhydrous acid in castor or olive oil. The former is the best vehicle as it holds the acid in more complete solution, parts with it less readily, and forms a more perfect covering to the surface of the wound. In conclusion, the author gives the details concerning five cases of lupus treated by the above method. In these recovery took place in periods of three, ten, one and a half, seven, and fourteen weeks respectively.—*Med. Times and Gaz.*, April 26th, 1884.

ANOTHER SURGICAL FOLLY.—Dr. Roberts teaches that the practice of treating contusions with lead-water and laudanum is useless and foolish. Interstitial hæmorrhage from subcutaneous vessels ruptured by a bruising force can only be removed by absorption through the action of the veins and lymphatics. Lead-water and laudanum is not thought to exert any such influence.—*The Polyclinic*, May 15th, 1884.


URETHRITIS IN MUMPS.—In a case of mumps, Schmidt (*Arch. de Med. Milit.*) observed on the third day a discharge from the urethra, which lasted the same time as the swelling of the parotid gland. There was no orchitis, and the patient had not exposed himself to contagion. The discharge was ascribed to a specific inflammation of Cowper's, Menj's and Littre's glands.—*Phila. Med. Times*, May 17th, 1884.

INCOMPATIBILITY OF SULPHATE OF QUININE AND IODIDE OF POTASSIUM.—In a communication to the Biological Society, M. Rabuteau calls attention to the ill effects of iodide of potassium and sulphate of quinine when administered together or at short intervals. These effects are, on the part of the digestive organs, anorexia, nausea, epigastric pain, colic, and sometimes vomiting; on the part of the general system, malaise, slowing and feebleness of the pulse, pallor, and a sense of fatigue.—*Medical News*, Feb. 23d, 1884.

CONGENITAL ABSENCE OF THE FEMORA.—At a meeting of the Pathological Society of London, Mr. Roger Williams showed photographs of a boy nine years old with congenital absence of the femora. The apparent

head of the tibia could be felt in the groin. No trace of femur or patella could be felt on either side. The right limb could be abducted very freely. Adduction in the left limb was great; abduction slight.—*Lancet*, March 22d, 1884.

News, Etc.

 *News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.*

THE "WOMAN'S HOMŒOPATHIC MEDICAL ASSOCIATION OF CHICAGO" meets on the second Wednesday evening of each month. The Society was fully organized April 17th, 1879, and at present has thirty-five members enrolled. Its officers are: President, Dr. Julia Holmes Smith; Vice-President, Dr. Jennie E. Smith; Secretary and Treasurer, Dr. C. T. Canfield; Censors, Drs. Wilkins, Heffron, and Donaghue.

This is the first medical society in the world organized and sustained by women. The Society is now in the sixth year of its existence. The sessions are well attended. The papers presented and the discussions thereon are interesting and profitable.

Several of the members have invented various ingenious and useful obstetrical and gynecological instruments and appliances. Dr. Wilkins's "air tractor," to be used instead of the obstetrical forceps, is highly recommended by several well-known physicians of Chicago. Her uterine dilator and vaginal tampon will recommend themselves to all progressive physicians.

Another well-known member, and the President of our Society, has designed an abdominal supporter, which has received honorable mention in Mundé's *Minor Surgical Gynecology*. It is made of strong drilling, fitted to the figure, and kept in place over the hips by elastic straps, which are fastened to the stockings, and from the waistband are suspenders, which pass over the shoulders. The weight of a pendulous abdomen, or an enlarged and prolapsed uterus, is borne by the shoulders, and there is not the undesirable pressure upon the abdominal walls which characterizes many other such contrivances.

Dr. Smith has also invented a suspensory bandage for the breast, to be used in case of enlargement from any cause. An umbrella-shaped pocket is made of soft drilling, in which the breast is lodged, and elastic straps passing behind the neck and shoulders hold it in place.

BUREAU OF SURGERY, PENNSYLVANIA STATE SOCIETY.—Professor C. M. Thomas, M.D., has been appointed chairman of the above-named bureau in place of J. H. McClelland, M.D., of Pittsburgh, who is now sojourning in Europe and will not return in time to be present at the annual meeting in September. Members of the bureau and others expecting to contribute papers are requested to communicate with Dr. Thomas, No. 1313 Arch Street, Philadelphia.

THE OHIO STATE SOCIETY.—In our report of the proceedings of the Ohio State Society, we made a mistake in announcing as vice-president for the ensuing year, Dr. J. D. Buck of Cincinnati. It should have been Dr. George C. McDermott of Cincinnati.

SUCCESSFUL SURGERY.—In September of last year we published a brief account of a case of gunshot wound of the scapula, resulting in complete periosteal denudation and seriously threatening the life of the patient. Dr. Harry Croskey, of Wichita, Kansas, removed the entire scapula and the young man recovered. Recently we have learned, from an item in the *Wichita Daily Eagle*, that the patient has this year planted and cultivated forty acres of corn. His arm and shoulder are somewhat shrunken, but he suffers little, if any, pain.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—Copies of the *History and Transactions* of the above Association for the three years 1881, 1882, and 1883, bound in one volume, will be sent to any address on the receipt of one dollar by the Secretary, J. B. Gregg Castis, M.D., No. 604 East Capitol Street, Washington, D.C.

A NEW TREATISE ON CHOLERA.—The A. L. Chatterton Publishing Company of New York announce the issue by that firm, about August 1st, of a work entitled *Cholera, its Prevention and Treatment*, by D. N. Rây, M.D., of Calcutta, with an introduction by T. F. Allen, M.D., of New York. Price, in cloth binding, \$1.

PROFESSOR ROBERT E. ROGERS, M.D., for more than a quarter of a century the most popular teacher of medical chemistry in the United States, has resigned his chair in the Jefferson Medical College of Philadelphia, a position he has held since 1877. Previous to his appointment in that institution, he had held a similar office in the University of Pennsylvania for a period of about twenty-five years. The reason assigned for his resignation is the need of rest. He is about seventy years of age.

LOCATED AND REMOVED.—Sayer Hasbrouck, M.D., has located at Providence, R. I. He will treat the eye and ear exclusively.

W. J. Hanford, M.D., succeeds L. S. Ordway, M.D., at Hot Springs, Ark.

B. H. B. Sleght, M.D., formerly of Ward's Island Hospital, has located at Newark, N. J.

Horace E. James, M.D. (Hahn. '84), at 719 South Ninth Street, Philadelphia, Pa.

MATERIA MEDICA REVISION.—The British Homœopathic Society at its late meeting unanimously adopted the plan and rules for *Materia Medica* revision as previously adopted by the American Institute. Drs. R. E. Dudgeon, J. Drysdale, and A. C. Pope were elected as the Consultative Committee. The British Society ordered a copy of the first year's issue for each of its members.

The work of revision is already in progress.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.—Boericke & Tafel write us from their Pittsburgh pharmacy that they hear of an excellent opening for a good homœopathic doctor at Wellsburgh, W. Va., between Wheeling and Steubenville, on the Panhandle Railroad. The place has 10,000 inhabitants, with no homœopathic physician. Address H. Zilliker (Jeweller), Wellsborough, W. Va.

Dr. E. N. Leake, of Butler, Pa., writes that Kittanning, Armstrong County, has 3000 inhabitants; Freeport, 2000; Petrolia, Butler County, 1500,—all good openings for homœopathic graduates.

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Original Department.

RHEUM.

BY M. B. TULLER, M.D., WOODBURY, N. J.

(Read before the West Jersey Homœopathic Medical Society.)

Rhabarbarum, rhubarb, pie-plant. Natural order, *Polygonaceæ*.

The American plant is well known, and much used in the spring for table sauce and pies. The Chinese and Turkish rhubarb is mostly used in medicines. The root is supposed to possess all of the medicinal properties. As a remedial agent it has been used for hundreds of years by the old school as a purgative, and a spiced syrup is now used for diarrhœa. The fact that it is kept in many households for such purposes, requires the homœopathic physician, before making a prescription, to inquire carefully whether it has been used.

The action of this drug is neither profound nor prolonged, and requires frequent repetition in order to produce a curative effect. It is for the most part incapable of completing a cure, generally requiring the administration of an antipsoric remedy afterward, though, in some instances, in my hands, it has cured grave maladies without the assistance of any other drug. Its range is limited. While its special affinity is for the alimentary canal, yet it presents some interesting symptoms which may exist as concomitants in dangerous diseases requiring its exhibition, when it will either avert a fatal termination, or ease the sufferer's way to death's door. In either case, it proves a God-send.

In our literature, so far as I have sought, there seems to be a paucity of observations on the use of this drug. Physicians seem to have overlooked it, or have failed to publish their ex-

perience with it, yet, in my hands, it has many times proved an invaluable remedy.

According to Noack and Trinks, "Rhubarb has only been employed for derangements of the intestinal canal in children and full-grown persons, arising from improper alimentation, colds, and generally accompanied with excessive acidity in the *primæ viæ*, cutting colic, disturbance of the night's rest by starting, moaning, weeping, slight convulsions, etc.

"Nightly complaints, particularly of children; snoring inspirations; stretching of the hands above the head, restlessness, moaning, crying, peevish mood, bending of the head backwards, tossing, convulsive drawing in the fingers, facial muscles, and eyelids; delirium, etc.; weeping, crying, wanting this or that thing, and asking for it with vehemence, all of these symptoms being occasioned by a disordered condition of the bowels." (See *Symptomen Codex*.)

Moral Group.—Moaning and anxious. Restlessness, with inclination to weep. Gloomy mood, is unable to continue the same occupation long at a time. The child asks for many things with vehemence and tears.

The mental symptoms of Rheum require it to be studied in connection with Bry., Cham., Coffea, and Ignatia. The Rheum patient asks for many things with great demonstration of temper, and when his demands are gratified, he is satisfied a little while.

The Bryonia patient desires things which do not exist, or makes demands for things *which are vehemently rejected when offered*.

Under Cham. we find an uneasy asking for one thing or another, which is rejected when offered.

The restlessness and weeping are very similar to Coffea, while the changeableness, as manifested by the inability to continue long at one occupation, reminds us strongly of Ignatia.

There is no doubt that Cham. has often been prescribed for the restlessness and irritability of teething children when Rheum should have been given. The busy practitioner often fails to weigh carefully the symptoms present, and gives the remedy which the most quickly and prominently suggests itself to his mind. If the child be nervous, with temporary satisfaction after its whims are gratified, attended by pallor of the countenance, with occasional twitching of the eyelids, corners of the mouth, lips, and fingers, Rheum will afford prompt relief.

Sensorium and Head.—Dull, stupefying headache, with bloated eyes. Dull, tight, dizzy sort of headache, extending over the whole brain, and being worse on top of the head and in the temples. Sensation, when stooping, as if the brain moved. Sweat of the hairy scalp.

The careful prescriber is often at a loss to find a remedy for headache which affects principally the top of the head. Several remedies have headache on top of the head, most prominent among which are *Mere. prot.* and *Sepia*. But if the headache be due to gastric derangement, with sour, flat, slimy taste in the mouth, *bitter taste of food*, with hunger but great repugnance to food after eating a little, *Rheum* can be relied on to cure it speedily.

The headache with bloating of the eyes suggests a comparison with *Kali carb.*

The sensation as if the brain moved when stooping will require this remedy to be considered with *Bry.* and *Laurocerasus*, both of which produce sensation of looseness of the brain when stooping.

The symptom, "sweat of the hairy scalp," is a genuine jewel. It differs from *Calc. Cham.*, *Sambucus*, and *Silicea* in that the sweating is constant. Whether asleep or awake, in motion or quiet, the hair of the *Rheum* patient is always sopping wet. The sweat may or may not be sour. When it is, the indication will be all the stronger. In either case, if this symptom be present, *Rheum* can be given with the utmost confidence.

Face and Nose.—"Stupefying drawing in the root of the nose, extending to the tip of the nose, where it tingles. Great pallor of the face, or paleness of one cheek and redness of the other. Convulsive twitching of the facial muscles, corners of the mouth, and eyelids. Cool sweat in the face, particularly about the mouth and the nose. Twitching of single muscles in the face."

The symptom, "Stupefying drawing at the root of the nose, extending to the tip of the nose, where it tingles," seems in its entirety to be peculiar to this remedy. *Thuja* has drawing tension in the nasal bones, and *Moschus* produces tingling on the tip of the nose.

The convulsive twitching of the facial muscles makes this remedy rank with *Beil.*, *Cham.*, *Ignatia*, and *Ipecac* as one of the first to be considered in convulsive attacks, especially of teething children.

The sweat on the upper lip is found also under *Acon.*, *Kali*

bich., and Nux vom., while the sweat around the nose is similar to Ruta. Under Acon. the sweat is on the forehead, upper lip, and cheek on which one is lying; in Kali bich. the sweat is more apt to be confined to the upper lip, and, whether it is or not, it is warm, while in Rheum the sweat is always cool, and may be sour. Ruta has sweat on the dorsum of the nose.

Appetite and Gastric Symptoms.—"Aliments, even sweet, taste bitter, but not when merely put into the mouth. Aversion to coffee, unless it is exceedingly sweet. The tongue becomes numb and insensible. Difficult dentition of infants. Longing for various things, but the first morsel satisfies; he rejects it at once."

The gastric symptoms of Rheum are very marked and frequently met with, especially in children.

The bitter taste of the food requires this remedy to be considered with Nux vom., Cham., China, Bryonia, and Coloc. for gastric derangement.

The repugnance to food is peculiar, is accompanied by great appetite, and never takes place until a little food has been eaten. The temporary satisfaction of the mind finds its counterpart here, where we find that the patient has longing desires for various articles of diet, but is quickly satisfied.

No doubt Lycop. has frequently been given for acute indigestion, owing to the speedy satisfaction, when Rheum was the remedy. The Lycop. patient eats but little because of a sense of satiety, while the Rheum patient eats but little because his stomach rebels, and he feels nauseated.

For disordered stomach in children, I have used Rheum when they were nervous, irritable, desiring many things, with repugnance to food, pale face, sour smelling breath, with nightly restlessness and crying during the sleep.

Hartmann says of Rheum, "What a useful remedy is this agent, for instance, when the children are excessively pale, cross, and the fingers, facial muscles, and eyelids are all the time twitching; or when the child tosses about, cries, twists its limbs or body without any perceptible cause; or when the teeth become troublesome, and such like conditions, which sometimes denote an impending serious disorder. Rhubarb is likewise an efficient agent in many gastric affections, with abdominal symptoms, bloating of the face, especially the eyelids, dilatation of the pupils, superficial slumber, apparent loss of consciousness, etc."

The numbness and insensibility of the tongue suggest a

comparison with *Ambra*, *Bell.*, *Colch.*, *Lycop.*, *Natr. mar.*, *Puls.*, and other remedies.

Rheum produces and cures a colic which is somewhat similar to the colic of *Colocynth*. It is relieved by bending double *when sitting*, but is made much worse by standing. Rheum likewise affects the umbilicus, producing cutting pains and other symptoms in that locality, in which respect it is to be compared with *Coloc.*, *Dule.*, *Ipecac*, *Spigelia*, and other remedies. The Rheum colic is often worse after a diarrhœic stool.

The stools of Rheum are usually very marked. Perhaps no remedy in the *Materia Medica* has been more indiscriminately prescribed for sour smelling diarrhœic stools. Many physicians have complained of their want of success with this drug in this difficulty. The reason therefor is that probably the child, if it be a child, has already received an allopathic dose of the drug for the purpose of purging, and the whole complaint may have been produced in that way. Rheum is a very popular household remedy for such purposes. In my judgment, we are derelict in our duty as family physicians, and especially as homeœopathic physicians if we fail to educate our patients out of the habit of using purgative drugs. If they can be taught that very often they are not getting relief from their trouble at all, but simply producing a drug disease which may necessitate the administration of another drug to overcome it, or, if that be not the case, that purgation gives at best but temporary relief, after which the condition becomes worse than before and much more difficult to overcome, many of them will desist, and much good will be accomplished.

Some years ago I was called to visit a lady who had not had a movement from her bowels for a week or more, and becoming alarmed had taken as many as eight different varieties of purgative medicines, within a few days, in her frantic efforts to save her life by forcing a passage through her bowels. I found the poor woman confined to her bed, very much prostrated, and suffering from a conglomeration of drug symptoms. Sulph. 30 was administered, which, in a few hours, produced a normal passage, and in a few days restored the woman to her normal condition.

Our patients need to be taught that purging of the bowels, except in rare instances, when it may become necessary to remove some foreign substances, is wholly needless, thoroughly unscientific, and a relic of barbarism. Indeed, nothing can be more idiotic than the idea that an ordinarily healthy person

must be prostrated and rendered incapable of performing his or her usual avocation two or three days out of each week by taking purgative medicines in order to maintain health.

But to return to the consideration of our subject, the stools of Rheum are *sour smelling*. So are those of Cham., Coloc., Hepar, Magn. c., Merc., Sulph., and a host of other remedies. But the stools of Rheum are *very* sour; they are mixed mucus and feces, or they are thin, brownish, and fecal, and attended with shuddering, and after the evacuation there is straining and colic. If it be in a small child, or during early dentition, there will be noticed great crying and irritability, with pallor of the face, and jerking, twitching of the eyelids, lips, and fingers, and the child wants to be kept quiet, is averse to motion. (Cham. desires motion.) If the child be old enough to talk, there will be observed the vehemence, the demanding of things which will be rejected after a little while, etc.

In the proving we find frequent urging to stool, which results in a loose, papescent, fetid evacuation, with colic, and tenesmus immediately after the evacuation,—in spite of his efforts nothing is passed, although he feels an urging,—another evacuation taking place a little while after; after rising from stool, the urging, which had subsided gradually, becomes more and more violent, the pain in the abdomen which accompanied the evacuation increases likewise.

Increased urging to stool when moving about, in which respect it is similar to Aloes and Apis.

Guernsey recommends Rheum for “diarrhœa when the stools are very sour smelling, and attended with much pain. Very sour smell of the child, which cannot be removed by any amount of washing and care in keeping it clean.”

Lilienthal recommends it for “liquid, slimy stools, as if fermented, with pale face, ptyalism, colic, frequent urging, and tenesmus; aggravated from uncovering an arm or leg.”

Lippe gives “thin, papescent, sour smelling diarrhœaic stools, with straining before, and colicky, constrictive cutting in abdomen after, and chilliness during stool.”

In the proving we find the following symptoms italicized, viz.: “Cutting, drawing in the left loin below the short ribs, and anteriorly on the left side of the hypogastrium, directly above the os pubis.”

I have confirmed a modification of this symptom in the following case:

Mrs. A——, aged 60, came to me in a dropsical condition. Her abdomen was considerably distended with ascites; urine

scanty, burning, reddish, with a pink sediment; face pale and bloated; disposition irritable; very nervous; constant disposition to sweat upon the slightest motion; hair wet all the time, so that she must have it hanging down her back to keep it dry, which even that failed to do; the symptom which caused her the most suffering was a cutting drawing in the left loin below the short ribs, with a drawing, aching, burning sensation in left ovarian region, which was sometimes very agonizing.

She received Rheum 30, and took it for three months, recovering her health, so that she was better than she had been for several years. There is no doubt in my mind that the above symptoms were due to a renal difficulty of some description, though I did not analyze her urine to ascertain what the lesion might be or its extent. It is my judgment that Rheum will bear careful study in renal diseases, as the following case will illustrate:

Some years ago I was called to see Henry S——, aged 6 months. Noticing a peculiar fetor from the child's mouth, I examined the throat, and, to my surprise, found a large diphtheritic patch on the left tonsil and adjacent tissue. He received Lach., and in the course of a week or ten days was discharged, as I supposed, cured. Several days later I was called again to see him, and found him lying in the cradle in a stupor, from which he frequently roused up and screamed, his face pale and covered with cool sweat, his forehead and hair sopping wet, his lips, eyelids, and fingers twitching; urine scanty, hot, with slimy shreds and strings of blood on the diaper. The renal region was tender on pressure, causing the child to wince and cry, and there was a hardness which I attributed to a swelling of the kidneys. I believed then, and do now, that I had a case of acute nephritis. I gave the child Rheum 200, and, to the surprise of all who knew the case, it made a complete recovery, receiving no other remedy.

I desire to call attention to another case.

Last winter I was requested to visit Mrs. W.——, age 47, eight months pregnant, with the following symptoms: Face and eyes bloated, great pallor of countenance, irritable, nervous, easily startled by noises, and apprehensive, twitching of facial muscles, great disposition to sweat on slightest motion, cool sweat on forehead, hair constantly wet, urine scanty and fragrant, high colored. Rheum 200 was administered, resulting in a prompt removal of all her grave symptoms, enabling her to complete her term and give birth to her child, with no other difficulty than a lingering labor.

In conclusion, let me say that it is my experience that Rlieum will cure grave maladies when it is the similimum, and it is my judgment that it ought to be administered singly and in a high potency. Other men's judgment may differ, but I respectfully submit to our low potency and alternating friends, that if they will make an earnest effort to find the remedy homœopathic to the case, and give it alone and high, they will accomplish so much that they will surprise both themselves and their patrons.

TREATMENT OF SENILE CATARACT FROM A HOMŒOPATHIC STANDPOINT.*

BY DR. H. GOULLON, OF WEIMAR.

Die medicin muss immer medizinischer werden! (Medicine must ever become more thoroughly medical.)†

MANY who have read this journal recently will remember the announcement of the cures of cataracts with Schüssler's Fluor calcium. I have forgotten the author's name. The editor of the *Allgemeine Homöopathische Zeitung* expressed his doubts and, probably, as well those of most of his colleagues. If such cures were made regularly (and if Fluor calc. were the specific), the barriers between homœopathy and allopathy would then soon be broken down. As yet, however, we have not and we may never reach such a point. Why? Because there are differences in the origin of cataracts and, as we shall further see, an individualization of the cases would prove the impossibility of such a universal cure. Nevertheless, it would be a great acquisition, and would bring about a revolution in the treatment of cataract if one class alone of the various forms of cataract could be cured by the employment of a certain remedy, thus doing away in this instance with the surgeon's knife. If there is *one* therapeutic method which is capable of being thus elevated, it is the homœopathic. It is that which has already taught us how to avoid, so often, amputations and resections; that through rational dosing syphilis can be cured without mercurialization, which has given no contributions to the bromide and morphine habit, and which has successfully checked the empirical manual interference of the accoucheur. In short homœopathy has proved that much which was for-

* Translated by Horace F. Ivins, M.D., from the "*Allgemeine Homöopathische Zeitung*," Nos. 14, 15, and 16, vol. 107.

† In opposition to Billroth's *ingenious* sentence: "Die medicin muss immer chirurgischer werden." (Medicine must ever become more surgical.)

merly considered impossible has been through its influence made possible.

Unfortunately since these reports, two years ago, of the cure of cataract with Fluor calcium nothing confirmatory has come to our notice. The most that we hear of is an occasional failure, which of itself should not discourage us. On the contrary, the subject becomes of more importance, as we receive supplementarily the *indications* for the use of the medicine in question in the treatment of cataract; then it throws off the signs of charlatanry. But, as inferred, neither Dr. Schüssler, the one who should have the greatest interest in the confirmation of these reported cures; the author who announced the unexpected number of favorable results; nor any other has brought further proof.

As I am at present engaged translating the excellent work of Dr. Burnett, *Curability of Cataract with Medicines*, besides having, at my disposal, the last edition (10) of Schüssler's *Abridged Therapeutics*; I embrace with pleasure this opportunity to give a new impulse to this movement. It is proper that we should endeavor to answer pointedly these two questions: "What does Burnett say?" and "what does Schüssler say?"

What does Burnett say? Burnett has first of all the decided advantage of having given a really exhaustive casuistry, up to the time of the completion of the work. Since then gaps have arisen which, it is evident, must be pointed out and filled. In referring to the curability of senile cataract, Burnett asserts that "cataract is a skin affection; cataract is a cutaneous affection." This admitted and the arguments are nearly convincing. It is now only of importance to look around for remedies with which to cure this isolated skin affection. We possess such a remedy in *sulphur*, this has been clinically proved. It has, alone or in combination with other remedies, played an important rôle in various reported cases of cataracts cured by medicines. On the one hand the relief afforded by sulphur speaks for the theory of Burnett, and on the other for the theory that the appearance of cataract is inseparable from the existence of psora.

A quite unanswerable argument presents itself in the fact of the existence of the relation of senile cataract to the health and vital power of the skin; *i.e.*, that by spontaneous or artificial suppression of skin affections, cataract may follow, and that during the healing process of the latter, by means of medicine, such skin affections (referring to suppression of the perspira-

tion, especially on the feet) make their appearance anew. It is well here, also, to mention the fact that suppressed menstruation is a favorable cause of cataract formation. This condition is curable by *Pulsatilla* or *Sepia*. Next to sulphur we find *Silicia* mentioned most frequently as the homeopathic remedy for the cure of cataract. We have frequently seen *Silicia* act favorably when the disturbance of vision has been due to the suppression of habitual perspiration.

When we see a keen thinker and acute observer of pathology agreeing with Hahnemann's psora theory, we conclude that this theory was no vain illusion. We refer to V. Grauvogl and his doctrines of the *Carbo-nitrogenous* constitution. (I have in my possession a letter from V. Grauvogl in which he acknowledges that the psora of Hahnemann is equivalent to the above-named constitution.)

It is certain, however, that senile cataract is not to be compared with a simple cutaneous affection, but a manifoldly complicated one is represented, for, as is well known, the form and consistence of cataracts are most various. They appear sometimes hard, at others soft or again fluid. In any instance we must admit that the skin affection, senile cataract, is to be numbered among the most obstinate with which the profession has to deal, and the therapist may say to himself and his patient that even with the administration of the best indicated remedy

"Nicht Kunst und Wissenschaft allein,
Geduld will bei dem Werke sein!"

That is, *tenacious perseverance* must be coupled with skill and knowledge in order that the result may be insured. The difficulty depends much upon the pathologico-anatomical, but more upon the physiological conditions; inasmuch as the healthy crystalline lens is either "encapsuled" like the *trichina spiralis*, or is quite isolated as a foreign body which has entered the eye. Its function is purely physical.

Under certain pathological conditions a textile change can quickly occur in the lens. I have in mind the pharmacodynamic influence of *Semen colchici*, which caused capsular cataract; the cataractous influence of Ergot on cataracts due to diabetes, and the "over-night" appearing cataract, which is to be compared with the sudden whitening of the hair.

Burnett's theory of cataract receives a further support from the frequent occurrence of corneal affections in persons who later become affected by cataract. The sympathy which exists

between the true tunics of the eye and the surrounding tissues is important. We should have called attention sooner to the comparatively rare re-appearance, founded on facts, of scabies after the cure of cataract.

He who in old age still has or acquires a skin affection, of him it can be said, that the disease is thoroughly ingrafted into the system, and that very heterogeneous factors are at work. The same may be said of the development of senile cataract.

I wish here to point out, in general, the peculiar relationship which exists between the visual and tactile organs. Seeing is nothing more than *the feeling of color, light waves*. In the pathological department of Jüngken's worthy work on the care and regimen bestowed on the eye for its preservation—"Augendiätetik" (p. 10, 2d edition)—the author has called attention to the vicarious property of the tactile for the visual function. In referring to the opportunity which he had of examining hemeralopia (that imperfectly explained condition in which the sufferer can see perfectly during the day, but as soon as the sun sets the vision is reduced to total blindness), he says:

"I have made observations in two very interesting cases of night-blindness. This condition changed at times with the tactile sense in the most striking manner. Two young men who were hemeralopics, and who studied medicine, came to Berlin in order to pass their examinations. During the day they could see perfectly well and could perform the finest operations, even those upon the eye. With the setting of the sun, however, they lost entirely their ability to see, and the brightest gas flame gave them only the impression of a light spot; nevertheless they could move in the most frequented places with the greatest certainty, *because with the extinction of vision the tactile sensibility of the whole body increased in proportion*, so that, from their description, they could avoid every substance, whether or not it possessed life, *e.g.*, wood, stone or metal. All objects which they neared seemed to breathe against them, and it was this sensation which was their guide. In the evening, for example, they would walk among the linden trees without hesitation, but were unable to see at all." So much for Jüngken.

One is reminded of the fine tactile sense of night birds (owls), whose retinæ are furnished only with a cone layer, thus enabling them to distinguish light from darkness only;—with the layer of rods the color sense ends.

Dr. Burnett has been especially active in investigating the

collateral symptoms and the relations which they bear to the general affection, and which are always to be considered ; just as in the intermittent fever which appears to a superficial observer alone as always the same in form. We have long known that the presumably specific China is nothing but a general intermittent fever remedy.

We must observe not only the cataract proper, but also be able to understand and appreciate the complications and accompanying conditions. In this way only was I enabled to cure a lady 67 years old, who, according to the diagnosis of an allopathic specialist, had incipient cataracta dura (see Burnett, p. 46, where this case is mentioned in abstract). [*Burnett's Essays*, p. 170, I.]

Burnett, in his carefully collected casuistry, further teaches the importance of the posological consideration in the treatment of cataract. In general high potencies and infrequent doses have been most curative. The celebrated cures made by Kirsch of Wiesbaden are examples of this class. In other cases Spiritus Sulphuratus and Aqua Silic. have been given in several drop doses with good results.

We see in all the cures of cataracts by means of medicines, the antipsories (one might also say antiarthritics and antirheumatics) taking the lead. To the previously named remedies, —Calc. carb., Sulph. and Silicea,—we must add Causticum, as well as Belladonna, Pulsatilla (besides Anemone Puls., the Puls. Nuttalliana described by Dr. Miller of Minnesota), Euphrasia, and Chelidonium, which among others are of decided value.

Before we take up the therapeutic consideration a little digression may be made, especially as it is closely related to our subject, viz.: in the province of the aurist. For in the ear we find an anatomical as well as a pathological analogy to the eye in all the various mechanisms and relations. Consequently there is in the ear a pathological change similar to the ordinary senile cataract, and, probably, curable by the same means. In my estimation it belongs to the category of impaired hearing, which is designated "the nervous" and for which nominally nothing can be done.* Dr. Burnett's monograph teaches us what is to be done for the eye in such cases, and following his example we are not idle with reference to the second noblest organ, the ear ; here we have not, as in the other instance, the agreeable alternative ; help through medicine or operation ?

* From experience I consider Phos. the Homœopathic remedy for "Aural Cataracts."

It is true the result will not always be satisfactory. That, though, should not deter us. The cases in which a marked decrease in the labyrinth fluid is threatened are not promising. This condition I compare with the hard nuclear cataract. In such eye and ear cases we should expect to derive most benefit from Silic. and Phosp.; one marked indication for Silic. in aural troubles is dryness of the auditory canal. In very old age such a shrivelling of the tissues is recognized as physiological. This dryness sometimes progresses far beyond the meatus, and in the eye reaches the crystalline lens. On account of the power of Silicea and Sulphur to exert surface activity we should hope for much benefit in this class of diseases.

This is not the place to discuss the pathological analogies which exist between the eye and ear, but I consider this study an unusually important one. Even Menièr's disease with its seat in the semicircular canals, and its remedy, Salicylic acid, find their analogy in the eye. The *muscæ volitantes* and the scintillations ("Flimmern") have long been compared with the buzzing and sounds in the ear; but, as already stated, this is not the place to discuss this subject.

Schüssler's Abridged Therapeutics contains not only valuable and reliable confirmations of homœopathic experiences but also some things which are entirely new.

The favorable results from the introduction of Fluor calcium are pleasant to hear, and most likely when confirmatory reports are submitted, it and Silic. will prove *par excellence* cataract remedies (not for all cases, certainly, but for most that are relievable). Fluor calcium acts precisely in the same manner as does Silic., but it is undoubtedly far superior. Swellings as hard as bone, which are not softened by Silicea, disappear, often quickly, after using Calcium fluoride.

Dr. Garcia-Lopez has presented a memorial on the action of Ségura water on cataracts. Of one hundred and eighteen patients fourteen were cured, sixty-five relieved, fifteen noticed no improvement, while in twenty-four cases the result was not ascertained. What are we to think of the Ségura water? Perhaps it acts only therapeutically as the Silic., and imitates it in awakening effects.

Should we question ourselves in reference to the wisdom of adding to the clinically proved Calcium fluorica, Silicea, and Ségura, the Lapis albus of v. Grauvogl? He was an able voucher, and besides his, there exist striking cures of hard swellings and histological neoplasms. It is time to compare

systematically and without prejudice, these before named, long used remedies. He who allows himself to be intimidated through one or more failures, he who further neglects to give Fluor. cal. where Silicea fails, or *vice versa*, or who fails to displace these by Lapis alb., or perhaps the indicated Sulphur, to him the progress of homœopathic therapeutics will owe nothing.

Schüssler's Calcium fluor. does not by any means exhaust the list of cataract remedies. We will not do more than mention that the many combinations of Phosphorus (Ferrum phos., Mag. ph., Natrum ph.) deserve trust; here Phos. deserves to be called, clinically and pathologically, the brother of Silicea. There are also grounds for the employment of other of his functional remedies. Especially might I call attention to Kali sulph., which removed two epitheliomata, both of which were situated in the immediate neighborhood of the eye (*vide* 10th edit. of Schüssler, p. 53). In the second case the existing inflammation of the eye disappeared quickly at the same time.

If we consider cataract not only as a skin affection but more especially as an affection of the epithelial tissue, we must also consider the epithelial remedy, Kali sulph., as appropriate to such cases. *Calcarea sulph.* is a remedy too which is of great importance in this connection; perhaps in scrofulous individuals. At all events both preparations are qualified to cope with the most stubborn, deep-rooted maladies. The physician is by no means to lose sight of their action (Sepia is also a remedy which has such a "chronicity" and should be indexed with the others). Therefore, we have at our command, if skilfully employed, a large number of valuable remedies which may be used either locally or internally.

In order to obtain a practical result it becomes necessary to give the following remedies energetically, *i.e.*, with perseverance, and systematically, *i.e.*, with proper individualization in each case.

Sulphur, high potencies (usually the 30th is used), but also *Spiritus sulph.* and Flowers of sulph. may be sprinkled in the stockings (according to Dr. C. Hering).

Silicea, also as *aqua silic.*; with clear indications the same as the former; *Flour calcium* or *Lapis albus*; *Calcarea sulphurica* and *Kali sulphuricum*.

Calcarea carb.

Phosphorus (also as dilute *Spiritus phos.*).

Cuasticum, *Sepia*, *Baryta carb.*

These are the cardinal remedies, to which may be added the following, which can be also used externally.

Good secondary intercurrent remedies : Belladonna, Ferrum phos. (in acute intercurrent inflammations and in the early stages of inflammation), Euphrasia, Pulsatilla, Cheledonium, Cannabis, Colchicum, Secale cor., as also any remedy which may be indicated by especially conspicuous symptoms, or by the totality of the morbid symptoms.

Some still object to a trial of the slow cure by medicines, when by the means of an operation the condition may be quickly removed and the treatment completed ; and persons can thus be cured even at the advanced age of 100 years. To these we must simply say : 1st. The senile cataract develops so slowly that time is not lost if the remedies are given until the cataract is ripe. 2d. The doses are so seldom given, perhaps but once a week, that the patient is enabled to continue his occupation without annoyance. 3d. The use of the properly indicated remedy has often succeeded in at least checking the progress of the affection, and many infinitely greater results have taken place. They are further mostly aged persons, who are so unfortunate as to become slowly blind. In these cases one is pleased to meet with relatively good results from treatment. 4th. Even with the most expert operator, one is not certain of the results ; a cough, a "blind accident" may call into question the success of the operation. Further, our patient may have some constitutional disorder, although latent, such as scrofula, gout, psora, or syphilis. These affections may complicate the case, and setting up an inflammation at the seat of operation, give us an imperfect result or even a failure ; or some affection of the lungs, stomach, etc., may complicate the operation. 5th. The homœopathic cure has this important advantage ; in case it become necessary to resort later to the mechanical removal of the opaque lens, the organism is better prepared to battle with these complications. Burnett has had a unique case which emphasizes this statement. 6th and finally. We as homœopaths must always rely much upon the teachings of Hahnemann, and hand in hand with these, whose complement they are to a certain extent, we must grant a practical triumph to Schüssler's *Biochemic Teachings*. It ought to be our pride not to appeal to the knife and saw (including spoon to scrape out the diseased product).

With all due respect for the acquisitions of the surgery of to-day we must not allow ourselves to be dazzled by it, for

surgery is and will remain "Handwork" and the surgeon a "Handworker," the prescribing in every case demands more thought and deliberation. One successful cure of cataract by means of internal treatment will outweigh, scientifically, many cures as the result of operation.

"Mille faits négatifs ne sauraient infirmer un fait positif."

A CASE OF CONGENITAL SYPHILIS.

BY HENRY T. WILCOX, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

THE following case, which furnished a very instructing addition to my stock of *experience*, is presented for your consideration hoping that it may not be devoid of interest to you. That the cause of the errors in the diagnosis and treatment of the case may be at least partially explained, I trust you will pardon me for giving rather an extended family history.

Mrs. E——, act. 30 years, of Pennsylvania Dutch parentage, and at the time her case came under my observation the mother of two children, was from the age of fourteen to twenty-two years employed in a cotton manufactory. She then came to Philadelphia, married, and had one child, a boy, who barely escaped death from cholera infantum. Since his infancy he has been perfectly healthy with the exception of having the contagious diseases incident to childhood. He is now seven years old.

Her husband dying soon after the birth of this child, Mrs. E—— was employed first as a wet nurse, then at general house-work, until her second marriage about five years ago. After boarding for a time, she began housekeeping for herself and husband, which has since been her occupation.

Up to this time, her health had been very good. Her second child, also a boy, was the picture of good health until after he was a year old, when in the middle of a hot summer he was weaned on account of the mother becoming pregnant.

At about the same time, the family rented rooms in a sort of tenement house adjoining a livery stable. The room generally occupied by them fronted north, and as there were no windows except two on that side, almost no sunlight ever entered it.

A room in the rear having but one window was occupied by a person in the last stage of phthisis. Both rooms opened into a narrow entry, and there was also a doorway between

them which had been closed during their occupation by two families.

Here the troubles of the E—— family began. The baby after weaning became ill and died at the age of fourteen months of cholera infantum. Mrs. E—— about six weeks before, alarmed at what she considered the too rapid increase of her family, and aided and abetted by her neighbors, procured a quantity of fluid extract of Ergot and took it in teaspoonful doses at morning and evening, hoping to cause an abortion.

This measure did not succeed, and when her baby died, she was very glad that it had failed, as she then wished for another child. About the middle of the eighth month of her pregnancy she slipped on the ice and fell, complaining shortly afterwards of some lameness of her back, but it was at first supposed that she had sustained no further injury. Very soon, however, she noticed that the fetal movements were growing weaker, and gradually ceased to be felt at all. It was soon evident that the fœtus was dead, which fact caused her much mental and physical discomfort. At the end of the eighth month, she was delivered of a dead and decomposing fœtus. She apparently made a good recovery, but directly after leaving her bed purchased a sewing-machine which she used immoderately, and at the three following menstrual periods the hæmorrhage was profuse. She became anæmic and her general health was much impaired.

After a brief sojourn in the country, her health was improved, but by no means up to its usual standard, and in this unfavorable condition for herself and offspring she again became pregnant.

Nausea and vomiting were more marked and persistent than during her former pregnancies, pyrosis, and gaseous eructations annoyed her. Small, oval or round ulcerated patches appeared on the mucous membrane of the mouth, and when these disappeared, diarrhœa with pain and tenesmus would follow; in fact, these two conditions seemed to alternate. The whole mucous tract was hypersensitive. Violent sneezing followed the slightest irritation of the nasal mucous membrane, and on taking a slight cold the cough was so violent that an abortion was feared.

All the secretions and excretions seemed acrid. This condition I thought to be stomatitis materna. Nausea and vomiting persisted at intervals during her pregnancy, which terminated at the proper time, when she was delivered naturally of a female child which would have been pronounced healthy and

well developed but for having at birth large pustular blebs on the palmar surface of its fingers, on the sides of its feet and heels, and on the plantar surface of its toes. From most of these, the pus was evacuated, and efforts were made to promote healing of the raw surfaces, which bled easily, and were caused by the rubbing off of the cuticle by movements of the feet and hands. Some slowly healed, others grew larger and would bleed profusely at the slightest provocation. There was also a tendency to hæmorrhage from the umbilicus. The child suffered from what was supposed to be colic, and cried a great deal, being very restless at night. Slight diarrhœa with greenish stools appeared and yielded to treatment only to be followed by an obstinate coryza which added greatly to the child's discomfort.

Mr. E——, a shipping clerk, previous health good, now presented the following symptoms. The gums were sore and ulcerated, breath very offensive, tongue large, pale, not thickly coated but having several dark red or purplish spots on its surface, the sides deeply indented by the teeth. Small ulcerated spots appeared on the mucous membrane of the cheeks. Except at the first appearance of these symptoms he had no fever; the bowels were constipated—an unusual occurrence with him. He complained of lassitude and weakness, was growing thin, and was generally miserable.

Merc. sol. H. 3^x was taken for several days with apparently no improvement. Then taking into consideration the unhygienic surroundings, and learning that ham and other salt meats were habitually eaten, I was led to believe that a scorbutic dyscrasia prevailed in the family which was shown in the different members by the symptoms above recorded.

This belief seemed to be confirmed by recalling some remarks on the subject of scurvy by an acknowledged authority, who in a clinical lecture affirmed that many persons in Philadelphia who could well afford not only the necessaries but the luxuries of life, suffered from a mild form of scurvy because of an improper diet, and also, from believing that the symptoms exhibited by the mother were those of stomatitis materna, which is generally considered a disease of scorbutic origin, and concerning which, I quote the following from Dr. Ludlam's *Diseases of Women*:

“Concerning the nature of this malady, various opinions have been and are still held by the profession at large. The most plausible we apprehend is that which refers its phenomena to a scorbutic cachexia. . . . That it is of scorbutic origin is evident from the following considerations:

First. Its causes are such as tend to derangements of nutrition and assimilation.

Second. It is invariably accompanied by anæmia.

Third. Except in degree of violence many of its symptoms are identical with those of the scurvy.

Fourth. The same dietetic regulations are requisite to cure the one as the other. Both demand a pabulum largely composed of vegetables and vegetable acids especially.

Fifth. They are alike mortal under treatment by excessive and improper medication, as by Mercurials, Quinine, etc., and the fatality is induced by an identical process of disintegration of the tissues in which their elements are forced to remain without elimination, as abnormal constituents of the blood.

Sixth. Those remedies which are most valuable in stomatitis maturna, are also such as are most successfully employed against scorbutus."

Acting upon this belief, a radical change of diet was advised, fresh meats substituted for the salt ones, vegetables were to be freely eaten, and also fruits, especially lemons.

Nitric and Phosphoric acids were prescribed, and under this regimen Mr. E—— rapidly improved and soon regained his accustomed health. Change of dwelling place was also advised and made to West Philadelphia, the mother and child going to the country for about ten days before taking up their abode in their new home which was much more favorably situated. Neither the change to the country nor to West Philadelphia made any favorable change in the child's condition, in fact she grew steadily worse. The coryza continued to annoy her, the nostrils and upper lip were excoriated by the nasal discharge, the bowels were relaxed and deep excoriations made in the buttocks by the discharges; she was anæmic, the features drawn and pinched, the mouth dry, the lip having a puckered appearance. The skin was of a pale yellow color, and, as the mother remarked, "bled anywhere if rubbed ever so little." Where the eyebrows should have been were two masses of thick crusts, ulceration having begun at those points when she was six weeks old. She was very restless, and any manipulation, however gently performed, seemed painful. The ulcerated patches on the hands and feet extended, and death came to the relief of the little sufferer, who literally had been "of but few days and full of trouble," at the age of ten weeks. Viewing this case in the light of subsequent revelations, it seems almost incredible that I should have been so blinded as to its real nature, but a review of some of the

facts may show that the mistake was not wholly unreasonable.

Two children had been born to the mother absolutely free from any appearance of syphilitic taint, and as the children first born to syphilitic parents are the ones to suffer the most disastrous effects of the disease, it could not be supposed that syphilis had existed in either parent previous to marriage.

The death in utero of the second child by the second husband was thought to be due to the injury sustained by the mother from falling, or possibly to the injurious effect of the ergot of rye taken to procure an abortion.

To this time no secondary symptoms had been observed in either of the parents. No eruption, no sore throat, no swelling of glands, no falling off of the hair, no neuralgic pains of a suspicious character.

When the symptoms that might have led to a suspicion of syphilis did appear, they were first seen in the mother, and consisted of the small, round, or oval ulcerated spots on the mucous membrane of the cheeks, gums, and tongue, and I have frequently seen such looking spots in the mouths of patients, and called by them "canker sores," in whom I could not possibly suspect the existence of syphilis.

These symptoms were first troublesome during utero-gestation, when I was naturally looking for disorders of pregnancy, and so associated the symptoms with stomatitis materna, of which, to be sure, I had not seen a case, but was familiar with the following symptoms of the disease, which I also quote from Dr. Ludlam's work :

"The local symptoms of stomatitis materna are not subject to a regular order of development, but vary with each particular example of the disease. Their more usual approach, however, is as follows: The patient calls attention to a burning or scalding sensation in the mouth, which sensation is greatly aggravated by the taking of warm or even of cold drinks, and by efforts to masticate her food. Upon inspection, the physician remarks a fiery red appearance of the mouth, which redness is found to exist in patches, or diffused more or less continuously over the whole buccal surface. Sometimes this eruption is isolated, presenting the appearances of ulcerated tubercula of the size of a pea more or less. . . .

"With this local inflammation, whether it be diffused or isolated, deep-seated or superficial, there are other symptoms which are equally characteristic. Among these will be found a marked pallor of the surface resembling chlorosis; a sad and dejected expression of the countenance; soft, flabby muscles,

while the rotundity of the form remains as in health; anorexia, pyrosis, and other disorders of digestion; a profuse flow of saliva; the tongue is red and smooth; cutting and colicky pains from the simplest ingesta; alternation of constipation and diarrrhœa; strangury, with strong and scalding urine, which is acid to test-paper; palpitation, especially troublesome at night; the secretions are generally normal; the skin soft but without any sensible perspiration; and, if during lactation, a decided sympathy between the child and its parent, whereby it is discovered to have inherited thus early some of her more immediate and palpable frailties."

The only symptoms complained of by the father which would have been pronounced syphilitic—the ulceration of the gums, appearance of the tongue, etc.—did not appear until about two years after the time I now have reason to believe that he contracted syphilis, and as these symptoms rapidly disappeared under what was supposed to be antiscorbutic treatment, I thought them to be of a scorbutic nature.

The child presented at birth an undoubted case of pemphigus, but it is claimed by good authorities that pemphigus is not always syphilitic, and may have no features by which to distinguish its simple or specific character. I believed this case due to the depreciated condition of the mother's health, and that depreciation of health due to the unfavorable circumstances preceding and continuing through her pregnancy. So firmly was this theory held, that though syphilis was suspected, proper measures to elicit the fact whether it existed or not were not taken until too late to avail anything in the treatment of the child. The excessive bleeding from the ulcerated places on the child, but more especially the readiness of the skin to bleed when rubbed, was taken as an indication of scorbutus.

The father could give no history of secondary symptoms that I had not had an opportunity of observing, and when asked directly if he had ever had a venereal disease, replied that if he ever had he did not know it. Believing that I possessed his full confidence, and that he was sufficiently aware of the importance of telling the truth concerning it (and, unfortunately, being possessed of a theory), I did not question him further. Since I have known the family, during a period of nearly three years, I have not seen an hypertrophied lymphatic gland in either the man or his wife, and both avowed that neither in the inguinal nor cervical regions had there been any swelling.

Probably I should have always (or until experience had taught me better) contended for the scorbutic origin of the symptoms described had I not succeeded in getting the admission from Mr. E—— that during the absence of his wife from the city with her sick child, her second and his first one who died of cholera infantum, he contracted some disease "*from a towel at the hotel*" (he told his wife that), which he described as a discharge from the urethra, and said, by way of explanation of his former denial, that it was so slight a trouble that he thought it not worth mentioning when I had previously questioned him on the subject, and he had been assured that he was entirely cured.

Here, then, was the explanation. The healthy children had been born before either parent contracted syphilis. The death of the foetus in utero was evidently due to syphilis contracted by the father at about the time that the mother became pregnant. The next child was born at full term with syphilitic pemphigus, and the symptoms which distressed the mother during that pregnancy, and were supposed to be due to stomatitis materna, were the manifestations of syphilis.

Two months ago Mrs. E—— had an iritis, which Merc. iod. rub. and Merc. iod. cum Kali iod. promptly cured. Soon after she prescribed for herself a patent medicine, which, among other ingredients, is supposed to contain Iodide of potassium, Stillingia, and Sarsaparilla, which had the effect of greatly improving her general health, and fully set at rest any remaining doubts as to the nature of her disease.

Concerning the treatment of the child, suffice it to say that, owing to the mistaken diagnosis, the treatment was inappropriate and failed to have much effect. It is quite probable that such a case would not have survived under any treatment, but that probability does not lessen the feeling of regret that the child did not have the benefit of the doubt, while proper treatment of the mother during pregnancy might have turned the scale decidedly in the little one's favor.

POST-PARTUM HÆMORRHAGE.

BY J. B. DUNHAM, M.D., WENONA, ILL.

THIS subject though old is ever new ; for with each accouchment there is a possibility that that may be, and especially to the young obstetrician, the case in which he may need to have at his command the tried and true means for controlling this perilous condition.

Hæmorrhages of this character are divided, as to time of occurrence, into primary and secondary. In the former, hæmorrhage occurs within the first two or three hours after delivery; to the latter belongs that period following the primary in which hæmorrhage occurs as a direct result of parturition.

For convenience the primary and secondary forms are divided into, first, visible or external; second, concealed or internal. But a small per cent. of the former will occasion any alarm; for no sooner is the parturient act completed than the womb, acting under a physiological nerve stimulus, contracts, thereby closing the mouths of the gaping vessels.

In the absence of external hæmorrhage, we should always observe carefully our patient's condition, lest when almost too late we discover, to our chagrin, that while all has seemed to be going well, our patient has by our negligence been suddenly placed in a critical condition; and her call for help may be the first indication to the attendant that internal hæmorrhage of a severe character demands his utmost skill.

Etiology. The causes that tend to produce so unfavorable a complication as post-partum hæmorrhage, are numerous, and our understanding of these, with a thorough appreciation of their significance will, as a rule, be an index of our ability to apply preventive treatment, or this failing, means for the arrest of the flow may be applied with an inward sense of our ability to carry the case to a successful determination.

First. Precipitate labor followed by an atonic condition of the uterine muscle, thus leaving the walls of the organ loose and flabby, thereby permitting an unobstructed flow from the recently denuded vessels.

Second. Unduly prolonged labor may result in a similar atonic condition followed by like results.

Third. This untoward condition may, and often does, follow normal, precipitate or prolonged labor as a direct result of the neglect of what should be matters of routine in every case. The bladder is permitted to remain distended with urine during delivery. "An extended head is allowed to obstruct labor for an indefinite time with no attempt at correcting the difficulty." Careful pressure over the fundus-uteri, both before and following delivery. Undue haste in the removal of the secundines. Not waiting to give nature an opportunity to rid herself of this now foreign body, whose very presence seems to act as a stimulus to healthy uterus contractions.

Fourth. "Constitutional dyscrasie account for a small per cent. of cases."

Treatment. In all cases it is the duty of the medical attendant to direct that the bowels and bladder be evacuated shortly before real labor begins ; and if labor is prolonged, care should be taken lest the bladder become distended with urine. For the removal of this, a soft rubber catheter is desirable that no possible harm may be done the tissues. As a preventative measure, when the head lies at the pelvic outlet where delivery may be effected by natural or artificial means without any great delay, I give about one-half drachm of Squibb's fluid extract of Ergot. This is given, not to correct any abnormalities, for they are to be met by other means, but given at this time, by the time delivery has been accomplished the drug will begin to produce its specific effect ; this aids in early removal of the placenta that is followed by firm uterine contractions.

For the safety of our patient, it is always best to direct one of the attendants to place her hand upon the patient's abdomen where the womb as a hard tumor will be found rising above the pubes. Direct that firm but careful pressure downwards and backwards be exerted upon this tumor, and that, if in the following half-hour it should seem to become soft or disappear, your attention be called to it immediately. Some recommend this procedure prior to delivery. In my experience it is not well borne on account of the real or imaginary suffering that it causes.

In case relaxation of the uterine walls and consequent hæmorrhage should appear, dip the hand into cold water, that should be at hand, and apply hand over uterine region. A few applications of this remedy, with slight kneading of the abdomen, will generally stimulate uterine contractions and the consequent reappearance of the abdominal tumor.

The introduction of the finger into the os uteri will often aid in promoting contraction of the partially inert organ. If the presence of coagula or a portion of the placenta is suspected as the cause of the trouble, the hand should be carefully carried within the womb and the offending bodies removed.

Intra-uterine injections of hot water may be used. With the terminal orifice of the hard rubber nozzle of the syringe closed and a free escape of the fluid assured, we have in this a safe and efficient agent ; provided, caution is used in guarding against the introduction of atmospheric air. This accident may be followed by rapid collapse and sudden death in the recently delivered woman. The injection of the Perchloride of iron solution may, by its styptic properties, arrest an otherwise uncontrollable hæmorrhage. This should be used as a *dernier ressort*.

Some may deny the use of the various expedients heretofore mentioned, preferring to rely solely upon the appropriate Homœopathic remedy. The application of the Homœopathic remedy is not contra-indicated, though local means be employed; for, as Leavitt says (*Leavitt's Obs.*) "It is the height of folly to depend upon therapeutics alone, when safer and better means have not been faithfully tried."

DIFFICULT ERUPTION OF THE WISDOM TEETH.

BY MILLIE J. CHAPMAN, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of Allegheny County.)

MORBID dentition most frequently requires our attention at the time the first teeth appear. The mortality may not be so great, but the suffering at the time and subsequently is equally undesirable in a difficult eruption of the wisdom teeth. The painful and distressing symptoms may be protracted through months and even years. Surgical interference may remove the offending member, but the nervous irritation it has produced remains to afflict the patient.

Truman, a dental surgeon, gives an interesting description of the morbid states that may occur, and the surgical treatment to be followed.

I call your attention to the subject because of the disturbance of the nervous system set up by this process, and the complications that may result. These teeth are slow developing; the gum grows over them and recedes,—the last coming and of but little service.—After their eruption the jaw is more completely developed, giving better form to the face. If the jaw is not sufficiently elongated to allow the wisdom teeth to range with the others, there results a mechanical difficulty, preventing the proper evolution of these teeth. The direction of their growth is often so perverted that a real dislocation exists. The ordinary misplacement of these teeth in the upper jaw is either backwards or outwards, or in both directions combined.

Closing the mouth pinches the mucous membrane, the surface becomes ulcerated and extremely tender, there is partial cicatrization leaving the structure very painful. The annoyance and suffering are greatly intensified where difficult cutting or misplacement of the lower teeth occurs. The trouble then results from an imperfect lengthening of the horizontal ramus of the jaw. The tooth is upright, but only its anterior cusps

emerge; while the posterior cusps are covered with gum. The pinching of the mucous membrane over the tooth every time the jaws are closed must necessarily be very painful. Very often, before the enamel eminences of the crown appear, the soft structures behind the second molar become much inflamed and suppurate; the pus secretion being within the enamel sac of the tooth, between the tooth crown and the membrane covering it.

This inflammation extends to the cheek and fauces, the movements of the jaw become stiff and painful, deglutition is difficult and attended with suffering. The tooth may be developed horizontally forwards or this position combined with a leaning inward. Very rarely the crown points outward. Attention to this form of impaction is highly important. It is the cause of some of the most serious lesions, ending in insanity and death.

The position of this tooth, lying horizontally, deeply imbedded in the alveolus, and entirely out of sight, causes it in most cases to be overlooked in the diagnosis of neuralgia.

The disturbance is manifested when the development has progressed to the completion of the roots. The crown impinges upon the posterior root of the second molar, and prevents advance in that direction. Their growth proceeds obliquely towards the coronoid process. This results first in pressure on the nerves of the pulp at apex; secondly, upon some of the larger branches. There is a continuous increase of pain, which has periods of cessation. Patients between eighteen and twenty-four suffering with neuralgia should be carefully examined. The tooth may be late appearing; weak delicate persons are most likely to suffer.

CASE.—Miss L. came under my care in November, 1878; was not very robust, but had had good general health. For six weeks she had suffered with neuralgia. Pain at first appearing in the face and teeth of the right side. No cavities in the teeth could be found and the trouble was supposed at first to result from cold. While there occurred intervals of relief, there was no entire day or night free from intense suffering. Gradually the pain extended to the neck, shoulders, limbs and even feet. The pain was violent, suddenly changing from one location to another. There was impaired vision, partial loss of hearing, and, after the paroxysms of pain, great exhaustion.

After various methods of treatment and the administration of several remedies with no relief, she came to me to learn if ovarian irritation or uterine displacement existed. A thorough

examination failed to detect any abnormal condition of those organs. Again, a dentist was consulted. He found the wisdom teeth, both upper and lower, partially developed but misplaced. An anæsthetic was administered and both on the right side removed.

She experienced immediate relief of pain, but for some time was prostrated and weak as after a severe illness. Has never fully regained her former strength. Is hysterical, nervous and melancholy, at times worse than others, with no apparent cause save that prolonged intense pain. I have had other patients where lancing the gum over the teeth afforded relief, or if removal was necessary complete recovery followed.

Salter reports a case afflicted with an unmanageable neuralgia for twenty-one years, beginning at the eighteenth year. Upon removal of a dislocated wisdom tooth she experienced immediate relief. Gradually her general health was restored.

Painful cutting of the lower wisdom tooth is frequently accompanied by a spasmodic contraction of the masseter muscle, a true tonic spasm, keeping the jaws nearly closed. This may last some time if the source of irritation is not removed. Swelling of the face, neck and shoulders, sore throat, aphonia and hysteria are the usual attendants of this painful process. If the overlying gum is unusually dense, suppuration may occur even before the eruption of the tooth. This may extend until there is a necrosed condition of the jaw. The treatment must begin with lancing the gum or removal of the tooth. For the effect of the irritation, our remedies have at least a modifying influence.

The symptoms vary with the individual cases, but the following have been of service to me: *Kalmia*, *Ignatia*, *Hyos.*, *Mag. phos.*, *China*, etc.

TREATMENT OF LABIAL ABSCESS, AND OF PHLEGMONOUS INFLAMMATION OF THE VULVA.

BY G. R. SOUTHWICK, M.D., BOSTON, MASS.

UNDER this heading are included both abscess of the cellular tissue of the labia majora and of the vulvo-vaginal (Bartholini's) gland. Abscess of the perineum should be treated similarly, and the same general principles for treating abscesses elsewhere should be followed here.

Surgical Treatment.—Some authors differ in regard to the time of opening an abscess of this kind. Barnes and Shroeder recommend opening them early. Guerin and Martineau

have observed fistulæ resulting from too early incision. Thomas and others believe that the evacuation of pus may be left to nature unless the pain be very severe.

It may be stated as a safe rule, however, that *where pointing and fluctuation are distinct, the abscess should be lanced in a direction nearly parallel with the smaller labium*, as the pus is liable to burrow beneath the fascia if not evacuated.

Abscess of the perineum, on the contrary, requires opening as soon as fluctuation is perceptible, as here the pus is apt to burrow, and fistulæ result. In either case, it may be necessary to keep the wound open by a cloth tent or bit of charpie soaked in a 2 per cent. solution of carbolic acid.

When abscess of the vulvo-vaginal gland frequently returns, or tends to become chronic, it will be necessary to open the sac freely, and stuff it with greased lint to make it heal from the bottom. If this is unsuccessful, extirpation of the gland may be practiced, though Prof. Thomas states that he has never found it necessary.

After an abscess has been opened and its contents discharged it should be thoroughly cleansed with a 2 per cent. solution of carbolic acid.* After this the application of a lotion of calendula (one teaspoonful of the tincture to three tablespoonfuls of water) will greatly expedite recovery. It may be applied by saturating a piece of lint or linen with the lotion, and covering it with oiled silk. The dressing should be renewed two or three times a day.

Frequent poulticing should be practiced in the early stages. Slippery elm or oatmeal will be better here than flaxseed, as the latter is more apt to become rancid. A thin piece of cloth should be folded over the poultice, and the skin carefully oiled before applying it. It will not then adhere to any of the hairs, and can be removed at any time without pain. If 10 to 20 drops of the tincture of opium or belladonna are dropped on the poultice immediately before applying, it will have an anodyne effect and less pain result.

Dry heat from hot water or bran bags will also give relief and hasten suppuration.

Medical Treatment.—The best remedies before suppuration are Acon., Bell. and Merc. v.

During suppuration, Ars., China, *Hepar sulph.*, Lach., Merc. v., *Silicea*, *Phytolacca*.

* A solution of the bichloride of mercury, 2 grains to the pint, may be used instead with advantage.

After suppuration, Calc. carb., China, Phos. ac., Sulphur, Silicea.

Belladonna, also *Arnica* in the early stage. Where the skin is only reddened and no pus has formed, the free use of the 1x locally may disperse it. Bell. is indicated by severe throbbing pains, headache and much constitutional disturbance. If little red streaks lead away from the swelling up the lymphatics and along the veins.

Apis. Recommended by Dr. Hughes for inflammation of the vulvo-vaginal gland.

Arsenicum. Violent pains and *burning* during the febrile stage; *chills, fever and consecutive sweat*; secretion of offensive matter tinged with blood; muscular prostration; restlessness; tendency to terminate in gangrene.

Asafoetida. *Discharge of discolored and thin matter*; pus profuse, greenish, thin, offensive, even ichorous; parts extremely painful to the touch.

Calc. carb. In *scrofulous* persons after suppuration is completed; little pain.

Hepar sulph. *Excellent to promote suppuration* after it has commenced. Abscess very sensitive to contact, easily bleeding; burning, stinging margins; discharge smelling like old cheese, corroding; *little pimples surround the principal opening*; chilliness and throbbing in the part affected. If the process of suppuration is very slow (*Nux vom.*, as has been recommended for anthrax, might be useful here).

Kali iod. If abscess is blenorrhagic.

Mercurius. If blenorrhagic, chilliness with thirst and *nocturnal aggravation* of the pains, also worse from the heat of the bed; abscess painful, with copious discharge of thick matter; very useful to hasten suppuration when it is inevitable.

Phosphorus. If there are fistulous openings, with burning and stinging; watery, offensive discharge. Chronic cases.

Phytolacca. Recommended by Dr. Ludlam as the best internal remedy for simple, non-specific abscess of the vulvo-vaginal gland.

Silicea. *If the discharge is copious, too protracted and unhealthy*, tendency to become chronic, and fistulous openings.

Sulphur. Where abscesses recur, and the patient is subject to boils.

Arsenicum, *Lachesis*, *Crotalus* and *Phosphoric acid*. General vital depression, tendency to gangrene.

CASE OF INTERMITTENT FEVER IN WHICH THE SWEATING STAGE WAS REPLACED BY CHOLERAIC SYMPTOMS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

MR. —, æt. 49 years, merchant, always a high liver, was taken in the afternoon of a day in September, 1880, with high fever, in which the temperature rose to 103°. This was shortly followed by vomiting and purging, cold sweat on the forehead, spasmodic pains through the abdomen, rice-water stools. These symptoms continued until after midnight, when they abated. On the following morning he felt tolerably well, although rather prostrated, and he went to business as usual. On the third day he again went to work, but returned home at 4 P.M. with high fever. Shortly afterwards there set in the same train of symptoms as occurred on the first day, with the exception that they were more severe. On the fourth day he was very much prostrated; and had to keep to his bed, but there was no vomiting or purging. On the fifth day he was able to sit up; but in the afternoon the fever, with all its accompanying phenomena, reappeared. The vomiting and purging were now frightful to witness, the two acts frequently being simultaneous. There were severe cramps in the abdomen and in the calves, the muscles being drawn up into hard knots. When the fever had disappeared there was great coldness of the surface of the body. On the sixth day he felt weak, weaker than on the fourth day. In short, every other day at about the same hour the fever came on, soon followed by the choleraic symptoms. Each attack was perceptibly more severe than the preceding one, and each was followed by increased prostration.

By way of treatment, *Veratrum album* was the first remedy prescribed. From the condition of the patient on the following morning it was thought that the selection of that remedy was a peculiarly fortunate one. When a relapse on the third day appeared it was attributed to indiscretions in diet on the part of the patient, so *Veratrum* was again prescribed, and with the same result as in the first instance. On the appearance of the second relapse, Dr. James Kitchen was associated with me in the management of the case. As the cramps in the calves and abdomen were very severe, *Cuprum acet.* 3^x was administered with the same apparent benefit as followed the exhibition of *Veratrum*. On the third relapse *Arsenicum alb.* 3^x was prescribed, principally on the grounds that Mr. —'s diarrhœas had always yielded to that remedy. This

remedy secured no permanent good. On subsequent relapses Camphor^o and Iris Vers. 1^x were given with equally unfavorable results. At about the end of the second week the patient was in a state of rapidly increasing prostration. Note was then taken of the fact that the symptoms had reappeared at exactly the same hour on alternate days. Cinchonidia sulph., gr. iij., every three hours was then given, after which the patient made a rapid recovery.

Could Veratrum alb., Cuprum acet., Arsenicum, Camphor, or Iris versicolor, have been homœopathic to the above case? Clearly not, or one of them would have effected a cure. Was Cinchonidia homœopathic to the case? The patient certainly got well, and has never had a recurrence of the morbid phenomena. Had the recurrence of symptoms been daily at the same hour, instead of on alternate days, the malarial (?) nature of the trouble might not have been recognized. The writer has never met with, nor has he ever seen recorded, another case similar to the above.

CASES OF PSORIASIS.

BY CHAS. H. BEEBE, M.D., PHILADELPHIA.

CASE I. Mr. T., æt. 40 years, has had a dry scaly eruption on his left leg for the past three years. The skin was of a red color and covered by fine bran-like scales. Burning pain in the affected part was so severe as to render sleep impossible. Arsenicum alb. 6^x was prescribed, and the patient ordered to wash the leg night and morning with castile soap and warm water and then apply glycerin to the affected part. Sulphur 30 was occasionally administered as an intercurrent.

CASE II. Mr. M. has had an eruption of a character similar to that of Case I for the past two years. It was located on his chest and arms. The attendant itching was very severe. Sulph. 30 night and morning for two months effected a cure.

CASE III. Mrs. L. had an eruption all over her body (psoriasis diffusa). The burning and itching were worse on her arms and at night. The remedy given was Merc. sol. followed by Sulphur 30. An ointment composed of equal parts of bran and lard was used in this case to allay the itching. This patient was discharged cured.

CASE IV. Miss T. had a dry and scaly eruption on her hands and arms for four years. The epidermis was much thickened at places. At times it was associated with intense burning as from coals of fire. Ars. jod. 3^x cured.

A CARDUUS MARIANUS CASE.

BY H. K. LEONARD, M.D., PLYMOUTH, PA.

MR. B. consulted me in the latter part of June for an affection which he termed biliousness. His symptoms were dull, heavy feeling in the head, furred tongue, poor appetite, constipation, jaundiced hue of the skin, a feeling of soreness and fulness extending from the right hypochondrium around to the left, embracing the stomach, liver, and transverse colon. *Nux vomica*, then *Podophyllum*, were given without relief. Remembering Dr. Farrington's article on *Carduus marianus*, I then prescribed that drug in the same dose that he used, with prompt and positive relief of all symptoms.

Miscellaneous Contributions.

A SUGGESTION ABOUT MEDICAL EDUCATION.

BY F. C. RICHARDSON, M.D., EAST BOSTON.

I HAVE recently conversed with several newly made M.D.'s, and have been interested in comparing their medical attainments with what mine were immediately after graduation five years ago.

These young physicians, men of at least average ability, represent three of our leading medical colleges—two homœopathic, and one so-called "regular" school—and the comparison was made with a view to inform myself as to what improvement, if any, had been made in medical education during the past few years, and the educational advantages presented by either school of medicine above the other.

The result of my observations, though necessarily far from exact, may possess some interest, coming as it does from one who has so recently been left by his Alma-Mater with a testimonial certifying, "*se medendi artis cognitione penitus imbutum esse*," but with a very crude notion of how to make the best use of said thorough knowledge.

First, then, I found the elementary studies, anatomy and physiology, about as they were when I left them, all of the graduates being well informed.

Chemistry, both general and medical, is, it seems to me, still being neglected by our homœopathic schools, in this respect the old school graduate having now, as was the case five years ago, an immense advantage. In pathology and diagnosis, I am glad to notice in the homœopathic graduates of

this year a vast superiority over my knowledge at graduation, and to learn that much more attention is devoted to these subjects now than formerly. In these branches our graduates are fully equal to those of the allopathic school.

In surgery the old school man still has the advantage; but the homœopathic graduates of '84 certainly know much more about surgery than did those of '79, and as our clinical privileges increase we shall undoubtedly make a still better showing.

In materia medica, the homœopathist, as he ever has and always will, immeasurably surpasses his allopathic brother, but during the last five years, it seems to me, we ought to have made more progress in this respect than would appear from my interviews with these young disciples. The allopathic school of medicine is certainly making great strides in its knowledge of drug action. Not a day passes but that they steal, *sans cérémonie*, from our hard earned store of information; scarcely an old school journal is issued that does not herald the new use of some therapeutic agent, known to homœopathists for the past fifty years, but for the last five years, for all that I can learn to the contrary, our *Materia Medica* has been, comparatively, little enriched. Is this because physicians are indifferent and willing to selfishly enjoy the fruits of the labor of their predecessors, or because they realize the immense amount of incongruous material already on hand, and recognize the inadvisability of adding new matter until some means shall be devised to bring order out of this bewildering chaos?

It is confidently hoped that the action taken by the Institute recently will be instrumental in throwing a ray of light on this matter. But to return to my graduates. One happy result of their medical education all enjoyed in common; new school and old school were unanimous in the beautiful faith they reposed in the omnipotence of drug action. A faith which would have been refreshing as it was touching, to the writer, had he not felt that same unbounded confidence ooze out, as it were, like Bob Acres's courage from the ends of his fingers. Remembering this, he could not help a mental prophecy that these young doctors would sooner or later be called upon to pass through a similar experience, and after several rude shocks to their faith, would discover that

"Oft expectation fails, and most oft there
Where most it promises; and oft it hits,
Where hope is coldest and despair most sits."

They will some time find themselves in a situation where, disappointed by their remedies, they will be compelled to resort to some measure whereby they may bridge over the chasm, and save their reputations. In this extremity the timely use, perhaps by the nurse, of some homely expedient, unknown or unheeded by the young physician, may be all that is needed to turn the tide of affairs, and at the same time cover him with confusion. This is no exaggeration, and I think the majority of earnest conscientious physicians will agree with me that it is a mistake to teach our students to look upon the use of adjuvants as something unbecoming a disciple of Hahnemann, or that because it is his privilege to practice medicine according to the great and glorious rule *similia similibus curantur*, he must despise and ignore the countless accessory measures which I believe it is the duty of every physician to employ. In this article the writer aims chiefly to call attention to this matter, being urged to it by the complaint of one of the graduates mentioned that he should have been spared the humiliation of not knowing how to administer a cold pack, and of being in doubt as to which was the business end of a leech. I hope no one will infer from this article that I wish to depreciate the value of homœopathic prescription. I have good cause to recognize and appreciate the almost miraculous power of drugs prescribed homœopathically. My plea is for what may be called the *aides-de-camp* of the sick-room; those expedients which go toward robbing sickness of part of its pain, discomfort and natural diffidence; those innumerable "little things" which do so much to enhance the importance of the consulting physician, often making the patient's friends wish they had called him, the consultant, in the first place instead of the young physician, who in the majority of instances has to pick up these things under precisely these circumstances, from an occasional consultation with an older practitioner. It seems to me that our instructions should dwell more upon these minor, but still very important points in medical practice.

Such a suggestion is usually met by the objection: "We cannot spend time over such things; the time allotted to our course of lectures is so short that we can barely cover the necessary ground as it is. The world was not made in a day: these things are not essential, they will come to you in practice, *experimentia docet*," etc.

Very true, we cannot get our entire education in a three years medical course. Much must be left for us to learn from

that very hard taskmaster, experience. We submit, but would suggest that perhaps if some of the time now spent in the description of diseases which will probably not be met with once in a forty years practice, and operations scarcely ever performed outside the walls of a hospital, could be used to instruct students in the various accessory means valuable in the cure of the sick, our graduates would have much less to learn from nurses, and would be saved much bitter humiliation.

We should not then find, as did the writer recently, a physician, who, possessing all the theoretical knowledge requisite to perform nephrectomy, did not know how to give an enema or prepare a flaxseed poultice.

If indeed it is impossible to embrace within our present curriculum fuller instructions in these matters, let us have a special chair whose province shall be to instruct students in the uses and best modes of administration of leeches, packs, poultices, sitz-baths, nutrient and other enemata, inhalations, insufflations and the countless other expedients which will readily suggest themselves, and also to call attention to the existence and uses of the various ingenious appliances and inventions, such as the steam atomizer, siphon bed-pan, male and female urinals, spongiopilin, hot-water bags, bed-rests, etc.

These are things which the student seldom hears mentioned, and I feel confident such a course could be rendered extremely interesting as well as very instructive. I am convinced that in this subject I am not overzealous, and that its importance will be appreciated at least by the younger members of the profession, who are in something of the position of a sea captain who finds his vessel outstripped in a voyage by her competitors, not because of any lack on his part of skill in sailing, but because he did not know the easiest and most direct route to his destination.

AMERICAN INSTITUTE OF HOMŒOPATHY.

CIRCULAR FROM THE BOARD OF DIRECTORS OF PROVINGS.

To the Homœopathic Physicians of America.—At the regular meeting of the American Institute of Homœopathy, held at Deer Park, Md., in June, 1884, upon motion of Dr. Lewis Sherman, of Wisconsin, the following resolution was adopted :

“The president shall appoint a committee of seven members, to be entitled the ‘Directors of Provings,’ whose duty shall be to formulate and publish rules for the conducting

of drug-provings, and to pass judgment upon such unpublished provings as shall be submitted to them with reference to their reliability and fitness for publication."

As a result of this motion, and of the instructions of the American Institute of Homœopathy, the board of Directors of Provings, fully aware that the success of their work depends upon the hearty co-operation of the members of the profession and upon their willingness to perform a portion of a work which is alike important to the sick and to medical science, feel justified in directly appealing to the zeal and loyalty of American homœopathic physicians to take an active part in the prosecution of the work now proposed by the national organization.

At a special session of the board of directors held Aug. 6, 1884, at the Grand Pacific Hotel, Chicago, a majority of the board being present, it was decided to arrange the work of the board as follows:

I. To institute experiments which shall demonstrate the *consecutive* action of *simple attenuated* doses, showing the consecutive development of the symptoms of the drug-disease produced by the single dose.

II. To institute experiments with *single medicinal*, or *material*, doses of drugs, to ascertain the consecutive development of drug-symptoms produced, with particular reference to a clear definition between primary and secondary symptoms.

III. To institute provings to obtain the fullest possible general history of the pathogenetic effects of drugs, so as to give to the profession reliable provings of the newer remedies and to increase the value of the provings of old remedies by supplementary work. In conducting provings of this class it is deemed indispensable to employ repeated and full medicinal doses of drugs, and to embrace in the experiments made, tests and examinations, chemical and otherwise, had at regular intervals, to establish the action of the drug proved, upon the various organs and structures of the body.

In order to make provings of the greatest possible value, it is expected that provers will make repeated examinations, at regular intervals, of the secretions and excretions of the body; they will also utilize, more especially in making provings of the third class, the various modern means of physical diagnosis, such as the ophthalmoscope, sphygmograph, spirometer, microscope, etc. The systematic employment of these helps in the making of provings is deemed by this board of the greatest importance.

This board, taking it for granted that the members of the

profession are conscious of the importance of systematic drug-experimentation, and willing to aid in making the work a success, heartily recommend as follows :

a. The making of provings by individual physicians either upon themselves or upon other persons who are willing to make experiment, and *who, by temperament, state of health, soundness of judgment, and intellectual fitness, are QUALIFIED* for this work.

b. The instituting of provings by medical students, both men and women, under the direction of their preceptor, or, at college, of their teacher in *materia medica*.

c. The formation in large cities, of Provers' Unions and of *Materia Medica Clubs* which shall embrace in their membership, as far as circumstances permit, persons of both sexes and persons thoroughly familiar with the modern means of physical diagnosis.

d. The active co-operation of the bureaus of *materia medica* of the different State societies in devoting a portion of their time and of their annual work to the instituting of drug-provings as outlined by this board.

This board will cheerfully aid in every possible way each effort to prove remedies, and will DIRECT provings upon the following basis :

To insure reliability of the symptoms obtained, drug-experiments *made under the direction of this board* will be made with drugs furnished gratuitously by the board through its secretary, A. W. Woodward, 130 South Ashland Ave., Chicago, Ills. The provers will *not* be informed of the name of the remedy sent them, or of the attenuations sent. All remedies will be numbered, and application for a supply will be understood by the board to be equivalent to a pledge on the part of the prover to faithfully carry out the spirit and letter of the directions accompanying the drug.

Experiments under the directions of this board will be made with a large range of attenuations, embracing both high and low. No experiment will be made which will prove injurious to the health of the prover or impose upon him more than very temporary inconvenience. When provings of the third class are to be made, consisting of experiments with full medicinal doses and involving possible inconvenience to the prover, the name of the remedy to be taken, with its known broad physiological effects, will be furnished upon application, and the extent of the proving shall depend upon the pleasure of the prover.

To stimulate proper drug-experimentation, and to reimburse provers in part for the inconvenience incurred by them, this board hereby offers one prize of one hundred dollars cash, one prize of fifty dollars cash, and one prize of twenty-five dollars cash, for the three best provings submitted to them not less than thirty days before the next meeting (1885) of the American Institute of Homœopathy. *Competitors must, of course, comply in every respect with the rules for proving which this board has formulated, and which the secretary of the board will furnish, upon application, to ALL persons contemplating the making of provings.* Competitors for the first prize must make provings in all the classes specified, embracing, also, experiments with the drug upon the lower animals.

Fully aware of the importance of the work undertaken, this board enters upon the discharge of a duty the performance of which demands the sacrifice of much time and effort, with the strong hope that they will receive the hearty support and co-operation of the workers of the homœopathic profession of America.

J. D. M'GUIRE,
President.

A. W. WOODWARD,
Secretary.

E. M. HALE,
LEWIS SHERMAN,
E. A. FARRINGTON,
C. WESSELHOEFT,
H. R. ARNDT.

Chicago, Ill., Aug. 6, 1884.

PREMATRICULATE EXAMINATIONS—REPORT OF THE INTER-COLLEGIATE COMMITTEE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

AT the late meeting of the American Institute of Homœopathy, held at Deer Park, Md., June, 1884, Dr. I. T. Talbot, Chairman of the Inter-Collegiate Committee, submitted the following report:

To the Homœopathic Physicians of the United States.—By vote of the Inter-Collegiate Committee of the American Institute, it has been decided that after the session of 1884-85 all colleges represented on that committee, and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include:

1. Creditable certificates of good moral character.

2. A diploma, certificate, or other proof of graduation from a college, academy, or high school, or a State or county teacher's certificate, or, lacking this,

3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition, and elementary physics or natural philosophy.

Thus, while a liberal education forms the best basis for professional study, it will be seen that all the reputable homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors, before receiving students, to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine—a profession which should aim to secure in its ranks the highest standard of moral and mental attainments. If, by this step, an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be improved and elevated thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this resolution.

On motion, the report was adopted, and the secretary instructed to furnish a copy of same to the medical journals for publication.

Attest: J. C. BURGHER,
Sec. Am. Inst. Hom.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

(Reported by HORACE F. IVINS, M.D., Secretary.)

THE regular meeting of the Society was held at the Hahnemann Medical College on Thursday evening, June 12th, 1884; twenty-seven members were present.

The minutes of the last regular meeting were read and approved.

The censors having reported favorably on the admission of Drs. Wm. P. Mullen and M. F. Middleton, these physicians were elected to membership.

Drs. H. J. Jessup and F. Morton Long applied for membership.

Dr. J. E. James, chairman of the committee appointed to prepare a paper for the State Society, reported having selected "Hereditary Syphilis" as their subject. The paper is to be prepared as follows: Diagnosis, Dr. P. O. B. Gause; Clinical History and Prognosis, Dr. M. Macfarlan; Sources of the Disease, Dr. W. B. Van Lennep; Pathology, Dr. W. T. Maguire; Treatment, Dr. J. E. James.

Dr. John E. James was appointed delegate to the State Society.

A letter from Dr. A. W. Koch, accepting his election to honorary membership of this Society, was read.

The Bureau of Anatomy, Physiology, and Pathology, Dr. W. H. Ingersoll, chairman, presented two papers,—(1), "Pathology of Urine," by Dr. Ingersoll; and (2), "Pathology of Puerperal Convulsions," by I. G. Smedley.

The papers, after being read, were referred for publication, when they were discussed by Drs. J. C. Morgan, Samuel Brown, C. Mohr, C. E. Toothaker, and H. Knox Stewart.

Dr. W. B. Van Lennep was appointed chairman of the Bureau of Anatomy, Physiology, and Pathology for '85.

The Bureau of Pædology, Dr. Samuel Brown, chairman, will present as its report, at the September meeting, "Summer Complaints of Children." Drs. Mohr and Dudley were appointed to open the discussion. The meeting then adjourned.

LEGAL STATUS OF CREMATION.

BY HENRY A. RILEY, ESQ., ATTY. AT LAW, NEW YORK.

THE law of this country, unlike that of England, pays no attention to cremation or any other method of disposing of the bodies of the dead, and any decent mode which is not unhealthy, and not annoying to the living, may be chosen without legal hindrance.

In England, on the contrary, it has been a question, whether "Christian burial" was not the only way to dispose of the dead recognized by the common law. The conservative tendency of the British mind, has been largely instrumental in creating the idea that perhaps cremation might be considered illegal, and it has been even claimed that it was a misdemeanor to burn a body.

This matter is now, however, set at rest by a recent decision of one of the English courts to the effect that, until Parliament passes some law against cremation, it cannot be considered illegal.

There has been a bill before the present Parliament ex-

pressly allowing cremation in place of burial, but this bill failed to pass, and there may still be some apparent uncertainty about the question, but it is not likely that this negative action of Parliament can override the positive declaration of the courts. The case referred to, also brought up the point of the effect of cremation on inquests, as the body of the child which it was attempted to cremate was to have been examined by the coroner to determine the cause of death, and the father, rather than allow this to be done, placed the body in a burning cask of petroleum, thus extemporizing a crematory in a very objectionable manner.

The case, it will be seen, was an extreme one, and likely to test fully any right to cremation. The judge held that the coroner did not have the right to hold an inquest, except in cases of death where there were suspicious circumstances, and that, if the jury believed there were suspicious circumstances connected with the child's death, they must hold that any act which entirely prevented an inquest, as cremation certainly did, was illegal. The jury acquitted the prisoner, thus determining the question of fact in his favor. This being decided, the abstract question remained as to the right to cremate a body dying in the ordinary manner, and after an exhaustive examination into all the cases in the law books, it was held that cremation was not illegal.

The same question of interference with inquests, may arise at any time in this country, and no doubt the decision will be the same as in England. It will certainly not be allowable for a person to cremate a body dying a violent death, and thus destroy, perchance, all the testimony which would connect a criminal with the crime.

Practical regulations can be easily adopted, whenever cremation becomes at all common, which will obviate any danger on this score. At present, notwithstanding the occasional burning of a body in the crematory at Washington, Pa., and the agitation of the question by some of the cremation societies, it is very certain that this mode of disposing of the dead is far from popular.

LIABILITY OF SURGEONS IN CASES OF ACCIDENT.

BY HENRY A. RILEY, ESQ., ATT'Y. AT LAW, NEW YORK.

THE defence is frequently interposed in cases of suits against railroad companies for injuries, that the condition of the victim is more due to improper treatment by surgeons or physicians

than to the original accident. In other words, they seek to avoid liability by charging upon the medical attendant, either malpractice or incompetency.

It is decidedly unpleasant for a physician to be thus obliged to defend his character in a suit where he has no direct connection, and it is interesting to notice that the tendency of the courts is to limit the effect of any such defence. Any other theory would put the physician on his trial in almost any accident case, for often the most available defence is to turn off the attention of the jury from the examination into the circumstances of the accident, to what may be passing in the sick-room of the patient.

In a recent case in an Illinois Court, where the Pullman Palace Car Company were the defendants, it was held that whether or not there was negligence on the part of the attending surgeon, nevertheless the company would be liable unless an evidently incompetent person were employed. It was said by the judge, that the injured man was "bound by law to use ordinary care to render the injury no greater than necessary. It was, therefore, his duty to employ such surgeons and nurses as ordinary prudence in his situation required, and to use ordinary judgment and care in doing so, and to select only such as were of at least ordinary skill and care in their profession.

. But the law does not make him an insurer, in such case, that such surgeons or doctors or nurses will be guilty of no negligence, error in judgment, or want of care. The liability to mistakes in curing is incident to a broken arm, and where such mistakes occur (the injured party using ordinary care), the injury resulting from such mistakes is properly regarded as part of the immediate and direct damages resulting from the breaking of the arm."

TREATMENT OF NASAL POLYPUS.—Dr. B. W. Richardson recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton wool twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate and then plunged into the substance of the polypus. On removing the cotton, it commonly happens that the patient can expel the whole mass of destroyed polypus in a semi-fluid form by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.—*Lancet*, July, 1884.

1884.]

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

Vol. VI.

Philadelphia, Pa., September, 1884.

No. 9.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

OFFICIAL DISCRIMINATION AGAINST THE NEW YORK STATE HOMŒOPATHIC ASYLUM.—The July number of the HAHNEMANNIAN MONTHLY contained the following paragraph:

"Homœopathic Voters, Take Notice.—Governor Cleveland has vetoed the bill appropriating \$25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown, New York."

In this paragraph there is no accusation of wrong-doing against the Governor. It is simply hinted that it might be worth while for homœopathic citizens to look into the matter and learn whether improper motives had influenced the Governor's action. Recently we have received the following letter in reference to it.

"ALBANY, N. Y., July 31, 1884.

"TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

"In the July number of the HAHNEMANNIAN MONTHLY appeared a statement that the Governor had vetoed an appropriation to the Homœopathic State Asylum for the Insane at Middletown because of its being a homœopathic institution. (?) While the statement as regards the fact of the veto is true, there was no intention on the part of the Governor to veto the

appropriation on partisan grounds. Already in 1884 ten thousand dollars, and in 1883 thirteen thousand dollars had been appropriated for this institution. Several items for the Binghamton Asylum were likewise vetoed. I enclose a copy of the reasons given for the executive action, and I trust that your journal, in a spirit of fairness, will give them publicity, as they, in my judgment, most thoroughly absolve the Governor from any partisan action towards our school.

“Very faithfully, yours,

J. SAVAGE DELAVAN.”

As our correspondent, Dr. Delavan, intimates that the HAHNEMANNIAN has done Governor Cleveland an injustice, we propose now to speak very plainly in the matter, to tell our readers some of the facts bearing upon the subject, and to add thereto a few inferences and comments of our own. We desire, however, to have it distinctly understood that while on the one hand this journal does not care a picayune for questions pertaining to party politics, on the other hand it is prepared to follow up any official who discriminates against the equal medical rights of citizens, and will not allow even a presidential nomination to screen the offender from denunciation. The political platform of the HAHNEMANNIAN MONTHLY is composed of two planks: 1st. “Freedom of medical belief and action;” and 2d. “Equal medical rights and privileges to all citizens.” The candidate opposed to either or both these planks is not qualified for the discharge of a high public trust in a government of freemen. He is neither a true democrat nor a true republican.

The State of New York owns and manages a number of hospitals and asylums for the insane, as follows: For the *Acute Insane*, the New York State Lunatic Asylum, at Utica (allopathic); the Hudson River State Hospital, at Poughkeepsie (allopathic); the Buffalo State Asylum, at Buffalo (allopathic); and the Middletown Asylum (homœopathic). For the *Chronic Insane*, the Willard Asylum, at Willard (allopathic), and the Binghamton Asylum, at Binghamton (homœopathic).^{*} For the *Criminal Insane*, the Asylum at Auburn (allopathic).

The cost of erecting, maintaining, and improving the hospitals, outbuildings, sewers, water-works, etc., together with *the salaries of the officers*, is paid by legislative appropriations from the State treasury. The actual *support* of the inmates is furnished by the cities, counties, towns or individuals by whom the lunatics have been committed to the institutions. Hence it will be understood by our readers, that legislative

^{*} That is, the Superintendent of the Binghamton Asylum is a homœopathist.

appropriations applied for by the various asylums are almost always intended for the improvement of the lands, fences, buildings, outbuildings, etc., and sometimes for deficiencies in the maintenance fund. During the past seven years, however, the Middletown asylum has not needed State help for its maintenance.

We must premise our statement in reference to Governor Cleveland's veto of the recent appropriation, by showing that, even under the most favorable circumstances, and throughout its entire history, the State Homœopathic Asylum at Middletown has been subjected to a policy of illiberality at the hands of the State authorities. Who has been to blame for this policy,—the legislatures, the governors, or the State Board of Charities, we neither know nor care. That it has *not* been prompted by mere stinginess, is evident enough when we observe the bounteous liberality shown to allopathic asylums during the same period. Comparing this asylum, opened in 1874, with the Hudson River Asylum, opened in 1871, and the Buffalo Asylum, opened in 1880,—all of them designed for the *acute* insane,—we find the cost and capacity of the buildings to be as follows:

Hudson River State Hospital (allopathic), capacity, 350 patients. Cost \$1,290,443.90, or \$3,686.98 $\frac{1}{2}$ per patient.

Buffalo State Asylum (allopathic), capacity, 340 patients. Cost \$1,242,653.19, or \$3,654.86 $\frac{1}{2}$ per patient.

Middletown Asylum (homœopathic), capacity 400 patients. Cost \$607,137.52, or \$1,517.84 $\frac{1}{2}$ per patient.

In other words, the State has been expending upon her allopathic asylums, nearly two and a-half times as much money as upon her homœopathic asylum in proportion to capacity. She has either deprived the one institution of advantages which it needs, or else she has wasted enormous sums upon the other two.

Now as to the statement. Dr. Delavan says that in 1883, \$13,000, and in 1884, \$10,000 had been appropriated to this institution. Had the doctor been more specific, he would have said that in 1883 the *State officers connected with the Asylum* received their annual salaries, amounting to \$8000, and that the asylum itself received \$5000; and in 1884 the State officers received their salaries, amounting this year to \$10,000, while the asylum itself received not one penny. These salaries, being fixed by law, were not appropriated to the hospital at all. The appropriations were made in the general bill, which provides for the salaries of *all* State officers, and could not, very conveniently, be meddled with by a governor's veto.

In 1883, the amount "appropriated" by the Senate and Assembly to the *Homœopathic Asylum* was \$12,000. Of this, Governor Cleveland vetoed all except \$5000. In 1884, the amount appropriated by the Senate and Assembly was \$31,000, and of this amount Governor Cleveland vetoed every dollar.

The \$31,000 appropriated was in two separate sums; \$25,000 for the erection of "day-rooms" for disturbed or excited patients, and for dormitories; and \$6000 for providing protected or covered terraces around the "exercise-grounds" of the asylum. Both of these objects are regarded by alienists in Great Britain and France as highly advantageous, and they boast of them as among the most valuable facilities of their institutions. The providing of day-rooms is, at least in this particular asylum, an indispensable necessity to the proper care and treatment of "disturbed" cases. The State Board of Charities, which is required to report for or against all applications for special appropriations to these hospitals, appointed a committee of three of its members—all of them *allopaths*—to inquire as to the need of these appropriations. This committee recommended that these excited patients should be turned loose in the large corridors, which, as we happen to know, are not suitably provided with heating apparatus, and are traversed all day long by employes and by visitors;—a most sapient suggestion certainly, for men who were determined to find *some* pretext for opposing any appropriation for day-rooms! The appropriation for covered terraces to enclose and protect the exercise-grounds was also opposed and for reasons just about as valid as the other. Here it is proper to mention, as additional evidence of the *animus* of the State Board of Charities towards the Homœopathic Asylum, the fact that said Board tried vigorously but vainly, to prevent the erection of "Pavilion No. 2," which now gives protection to a hundred and fifty helpless patients, assigning as a reason, that there was an abundance of room in the recently opened *allopathic* asylum at Buffalo.* An open confession of hatred of the State's homœopathic institutions would add nothing whatever to the evidence of its existence furnished by the above-given pretext. It is not possible that the State's interests in her homœopathic

* We observe that this year the Utica asylum (allopathic) asked for \$22,755.68 to erect a hospital building to accommodate an additional number of patients. The State Board of Charities approved it heartily. It never occurred to the board to recommend that these additional patients be placed in the Middletown (homœopathic) asylum, although they were very careful to state that there was unoccupied room in that institution. But then, the circumstances were "*so different, you know.*"—EDS.

asylums can be honestly and advantageously conserved by such a body of men. The responsibility of the office transcends the mental and moral capacity of the officers. The Legislature must have estimated the State Board of Charities at just about its actual value, for the two houses voted the \$31,000 appropriation without opposition.

This appropriation, as already stated, the Governor promptly vetoed. In his veto message he gives two reasons for his action. His *first* reason is that these items "are expressly disapproved by the State Board of Charities after an examination made by them." If the veto power is vested in the State Board, and the Governor is simply an agent or attorney empowered to give expression to the will of that Board, then this reason is good and all-sufficient; but if the Governor is himself expected and elected to exercise this power in the interest of the State, then this excuse is not a reason at all. It is only an attempt to escape the duty of giving proper consideration to the matter, and to throw the responsibility for his action upon the shoulders of a subordinate board. The Governor based his action upon an opinion of three men, formed after a single visit to the asylum, and ignored the diametrically opposite opinions of the medical officers resident in the asylum and of the trustees, including such men as Fletcher Harper, Grinnell Burt, Hamilton Fish, Jr., M. D. Stivers, Hon. D. B. St. John, Uzal T. Hayes, Hon. J. G. Graham, Hon. Jno. G. Wilkin, Egbert Guernsey, M.D., Wm. Vanamee, Hiram W. Sibley and others, who are known to have been for years thoroughly acquainted with the asylum and with its needs. To veto the appropriation "because the State Board of Charities disapproved it," was just about as reasonable as to have approved it "because the trustees had asked for it." Either excuse could only be regarded as a lame attempt to escape official responsibility.

The *second* excuse given by Governor Cleveland for vetoing the appropriation is that "they appear to be expenditures not absolutely necessary at this time." There could be no objection to this plea if the Governor had applied it to all the insane asylums alike. But he did not. It was not "absolutely necessary at this time" to purchase a large farm adjoining the Willard Asylum (allopathic), but the Governor approved it nevertheless. The extension of the culvert on the grounds of the same (allopathic) institution, was not "absolutely necessary," yet it was not vetoed. And so with numerous other appropriations "not absolutely" required.

It is thus seen that Governor Cleveland's "reasons" for preventing necessary improvements at the Middletown Asylum are not only utterly worthless, they are also evidently dishonest. The *first*, in that it is an attempt to escape an official duty; the *second*, in that he fails to apply it to other appropriations of a similar character. What then is the *real* reason for the Governor's action? Let us see.

A. Last year the Middletown Asylum (homœopathic) asked for \$1000 to fit up a gymnasium and workshops for the benefit of its patients. The money was voted by the two Houses of the Legislature, and Governor Cleveland *vetoed* it. This year the Hudson River Asylum (allopathic) asked for \$1250 for the "Patients' Occupation Fund" and Governor Cleveland *approved* it.

B. Last year the Middletown Asylum (homœopathic) asked for \$4000 for furniture for its new wards. Governor Cleveland *vetoed* it. This year the Buffalo Asylum (allopathic) asked for \$3000 for new furniture and carpets, for the third floor of its administrative building, for painting and papering the walls of said building and for storm-windows, and the Governor *did not veto* it.

C. This year the Middletown Asylum (homœopathic) asked for \$6000 for "covered terraces," that is, for the systematic and protective fencing of the "exercise grounds." The Legislature appropriated the money, and regarded it as a necessary improvement. Governor Cleveland, however, took advice from the Board of Charities in opposition to the measure, and then *vetoed* it. At the same time the Buffalo Asylum (allopathic) also asked for \$6500 for fencing in front of the asylum on Forest Avenue, and the Governor *did not veto* it.

Of the seven State asylums for the insane, the Homœopathic Asylum at Middletown is the only one that received no appropriation, and the responsibility for its non-receipt of funds for carrying out improvements "absolutely necessary" to the proper care and treatment of its afflicted inmates, rests upon Grover Cleveland and upon nobody else, though the State Board of Charities was only too glad to assist in the work.

This discrimination was made in the face of the significant fact, well known to the State Board of Charities, that during the year 1883 the three allopathic asylums for the acute insane cured but 11.6 per cent. of the cases admitted, while the homœopathic asylums cured 16.83 per cent., and that while the former asylums lost by death 6.49 per cent. of their patients

under treatment, the latter lost but 4.39 per cent. (See Report of the State Board of Charities for 1883, page 15.)

Dr. Delavan, in defence of Governor Cleveland, reminds us that he also vetoed "several items for the Binghamton Asylum." Yes; so he did. These items amounted to \$7950. And we remind Dr. Delavan that *the Binghamton Asylum is also under the charge of a homœopathic physician.*

The statements herein presented are nearly all documentary in character and origin and can easily be verified. From them our readers must draw their own conclusions. If anybody is in possession of reliable evidence affecting unfavorably the relation of any other national candidate towards our medical rights and equal privileges, this journal will be grateful for the opportunity to publish it. Let no guilty candidate escape.

Again we say, "HOMŒOPATHIC VOTERS, TAKE NOTICE." The enemies of one of the rival modes of medical practice have dragged the question of medical belief and preference into the arena of politics, and are prostituting official authority and power in order to force all citizens to the support of one school of medical practice. Into that arena we *must* perforce follow, to fight in defence of our natural medical rights, or else prove recreant to one of our most sacred trusts. To petition for our equal rights while we are voting for men whom we know will ignore those rights, is to attain to the sublimest height of folly.

THE NEW COLLEGE BUILDING IN PHILADELPHIA.—Messrs. Kemp and Garrison, the contractors engaged in the erection of the new building for the Hahnemann Medical College of Philadelphia, are forwarding their work energetically, and the building will be urged to its completion as rapidly as may be consistent with safety and with a view to the highest quality of workmanship and materials in all parts of the structure.

The college authorities have been wonderfully fortunate in being able to secure, probably the very best location for a medical college and hospital that the city of Philadelphia affords. Broad Street, on which the building is located, must always be the grandest thoroughfare in the city, and the real estate of the college corporation must become more and more valuable for an indefinite period. That particular portion of this broad avenue on which the college is situated, seems to be in special demand for buildings of a public character. Only two squares south is the New City Hall—a building of magnificent proportions, now rapidly nearing completion, and whose tower will

be the tallest artificial structure in the world. Just above the City Hall stands the Masonic Temple, one of the finest and most imposing architectural piles in America. Still nearer to the college is the Academy of the Fine Arts, while to the northward and within a short distance are the new First Regiment Armory, the Philadelphia and Reading R.R. Depot and the Central High School, with numerous handsome church buildings both up and down the street. The erection of still other important buildings is contemplated, and some of these will be completed in the near future. At the same distance as the City Hall is the Broad Street Station of the Pennsylvania R.R., from which point railway communication is had direct with its New York Division, its Main Line to the West; also with Wilmington, Baltimore, Washington and the far South and Southwest, and by very frequent trains with nearly all the towns in the neighborhood of Philadelphia. The United States Mint, Mercantile Library, Academy of Music, Union League, Hall of the Y. M. C. A., several of the principal hotels and other places of interest are all within ten minutes' walk of the college. The Pennsylvania and Blockly Hospitals are easily communicated with by convenient street-car lines, and indeed, are not by most students considered too distant for a pleasant walk; the time required to reach the first named being about twenty minutes, and the other thirty minutes on foot.

One of the most valuable advantages secured by the new college location is the contiguity of a large district adapted to furnish an immense supply of clinical material for the college dispensary and hospital. The experience of the past, it is true, shows that vast numbers of patients seek the benefits of the college clinics from *all* parts of the city and indeed from the surrounding towns, cities and rural districts. But the great mass of such cases from a large and densely populated district lying between Broad Street and the Schuylkill River and extending north from Market Street, together with the great proportion of those from the still larger northeastern area will naturally seek the location occupied by the new college. Vast as is the supply at the Old College Dispensary, it is destined to be far surpassed in the new buildings. Besides this advantage of location, the immense manufactories in the immediate neighborhood will find in the college hospital the most convenient facilities for the prompt treatment and care of accident cases; while those of a similar nature arriving over both the Pennsylvania and Reading R.R. lines can be more quickly

and comfortably transferred to this hospital than to any other in the city.

The general and detailed arrangements of the interior of the college building have been the subject of careful research, study and calculation by members of the Faculty for several years. In this work all the merits and advantages presented by the most modern structures of the kind, were laid under contribution, and all the suggestions, furnished by years of college experience, were duly considered. No department of the teaching work, either present or prospective, was omitted from these carefully formed plans, and no one of them was allowed to be thrust aside as of only minor importance. Such having been the facts, there is nothing at all surprising in the statement, which we may make without reservation, that the new Hahnemann College building now in process of erection in Philadelphia, will be the best medical college building in the world, though it will not be, by any means, the most costly.

Reserving, for some future time, a detailed description of the building, we may mention some features of the general interior arrangements. First of all, as to the lecture-rooms. Of these there will be four, two on the first floor, one on the second and one on the third. Three of these lecture-rooms extend up through two stories each, thus securing abundant light as well as abundant air-space. The seats in all these rooms are so elevated, one above another, that each student can have an unobstructed view, not only of all charts, pictures, blackboards, etc., used, but also of the lecturer's table and of all the demonstrative processes conducted thereon. The remaining room will have a level floor with movable seats, and will be chiefly used for certain special lectures to the senior classes, and for society meetings, etc. This room is on the first floor front. Directly opposite, and separated by a hall fourteen feet wide, is the library. This room is twenty-five by thirty-four feet, and fourteen feet high, and can be fitted up with at least twelve hundred feet of shelving, capable of accommodating, if necessary, a collection of ten thousand volumes. A students' reading-room, of the same size as the library, is located in the basement story. This room is to be provided with every appliance for the comfort and convenience of its occupants.

The rooms and facilities for practical work and for experimental study and manipulations will constitute a prominent and important feature. On the basement floor there will be a well-lighted and well-ventilated chemical laboratory, twenty-four by forty feet in dimensions, and communicating with it,

two large rooms for the storage of chemical materials and apparatus. Here every student will be made practically familiar with this vitally important, but too much neglected branch of medical culture. The private laboratory of the professor of chemistry is on the first floor and communicates directly with the lecture platform. On the second floor front we enter another airy apartment, twenty-five feet in each dimension, to be used as a microscopical laboratory, a department of practical study, which this college has long regarded as absolutely essential to the proper educational equipment of the young physician. Communicating with this laboratory there will be a cabinet for the storage of microscopes and accessories, materials and mounted specimens. Facilities will also be provided here for practical work in micro-photography.

On the same floor a room will be provided for practical exercise in the manipulations of obstetrics,—a valuable preliminary to that still more practical work which the college furnishes each student, at the bedside of the lying-in woman. This also has for many years formed an important part of the college course of instruction. On the upper floor, a large room twenty-five by thirty-two feet, will be set apart for practical manipulations in surgery, bandaging, the application of splints and dressings, operations on the cadaver, etc. The dissecting-room on the same floor will be forty-six by thirty-four feet, nearly twenty feet in height, abundantly lighted by windows on two sides, by large sky-lights above, and by gas jets or electric lights for evening work. Connected with the departments of practical anatomy and practical surgery there will be a "demonstration-room," fitted up with seats for some twenty or thirty students, and with a revolving demonstration-table. This room is for the use of the Demonstrators, in exhibiting and describing at frequent intervals during the course, the anatomy of the brain, the hernial fasciæ and other important structures, and also for giving special instruction on various points in practical surgery.

Practical work in Gynæcology, Ophthalmology, Otology, Laryngology, Physical Diagnosis, etc., and in pathological laboratory studies, will be suitably provided for in the hospital and dispensary buildings, the study of these branches being almost exclusively clinical in character.

The Museum will be twenty-five by thirty-four feet and two stories in height, a gallery being constructed at the level of the upper story. If there is any part of the new building likely to be over-crowded, the museum is that one. The room

provided in the *old* building is by no means a small one, yet it is literally packed with the multitudinous array of specimens, models, drawings, etc., etc., now in possession of the college. The *proper* disposal of this vast accumulation will demand nearly or quite all the space provided for its reception in the new building. It is likely, however, that in time, much of this material will be stored in other rooms contiguous to the different lecture rooms and laboratories, and thus, space for the future growth of the Museum will be secured.

Each professor will be furnished with a private room adjoining the lecture room in which his instructions are given. In some of these rooms, also, special instructions may perhaps be given to individual students or to small sub-classes. Numerous other apartments for the comfort and convenience of all connected with the institution are included in the building.

The completion of the college and of its hospital will announce a new era in the status and progress of Homœopathy in Philadelphia. At once it will place each and all its practitioners upon an exact social, and we believe also, political level with their more favored and petted allopathic brothers. Hitherto we have too tamely submitted to rebuff and imposition, particularly at the hands of those who handle tax-payers' money. It is to be hoped that the day is close at hand when the display of this supercilious buffoonery by any public official will be the signal for his prompt and ignominious overthrow. All it needs is a little more Calc. phos. in the spinal columns of our homœopathic physicians.

THE PENNSYLVANIA STATE SOCIETY will hold its Twentieth Annual Session in the New Hospital at Pittsburgh, on Tuesday, Wednesday and Thursday, September 16, 17 and 18, 1884, beginning on Tuesday morning at 10 o'clock. *Head-quarters* for visiting physicians will be at the Monongahela House, one square from the hospital. Mr. Geo. S. Griscom, proprietor of the hotel, will reserve rooms for those who apply for them in advance.

So far as we are able to judge at this writing, we are likely to have another good, enjoyable, instructive meeting, and it is believed that the general average of the papers presented, will be better than in previous years. That is, there will be more of an effort to get outside of "book-learning," and to present and consider the results and suggestions of personal research and observation from the field of labor.

If you, dear reader, can imagine any word uttered, which might induce you this once to recognize the duty you owe to your State society, and through it to the broad professional interests which it represents, please consider that word uttered here. It is just as clearly the duty of a Pennsylvania homœopathic physician, to identify himself heartily with his State society and help her in her intended work for the public good, as it is to study up his *materia medica*, or to visit a suffering patient. The influence of a doctor—if he *is* a doctor—ought to be vastly wider than the circle of his own practice. “Give and take” is the true motto for medical men and women. This hiding of one’s scientific light under the bushel of a narrow selfishness is shameful to think of, when we remember that some far-off brother may be groping, some sufferer, perhaps, dying, for want of the hidden light.

There are important public measures which ought to, and probably will, receive the society’s attention at the coming meeting. First, we ought not to allow the next legislative session to pass without making a strong effort to secure the establishment of a State Board of Health. Then again we must remember that the insane poor, yes, and the insane rich, of the homœopathic portion of our people are still utterly destitute of any chance for hospital care and treatment, and are still left to drag their helpless way into chronic and incurable lunacy, solely because their rights have been ignored and contemned, and their cries for help unheeded, by those whose official duty required them to furnish the needed aid. There is earnest work for our physicians during the coming fall and winter, and this work can be successfully done only under the lead and auspices of the State society.

Physicians throughout the State who desire to join the society can obtain blank applications from Dr. R. E. Caruthers, Secretary, 107 Arch Street, Allegheny City. Those residing in or near Philadelphia can obtain them from the Recording Secretary, Dr. C. Bartlett, N. W. cor. 15th and Poplar Streets, Dr. I. G. Smedley, 34 North 19th Street, or from the General Editor of this journal, or from Boericke & Tafel’s Arch Street Pharmacy. It is hoped that a large delegation of members and others will go to the meeting from in and around Philadelphia.

Last year the society greatly enjoyed the visit of several honored colleagues from other States. Among these were Drs. C. H. Phillips, of Cape May; J. Shreve, of Burlington; W. McGeorge, of Woodbury; I. Cooper, of Trenton; H. F.

Hunt and S. H. Quint, of Camden, N. J.; E. Hasbrouck, of Brooklyn, N. Y.; Geo. B. Peek, of Providence, R. I.; Prof. H. C. Allen, of Ann Arbor, Mich.; and Prof. W. A. Phillips, of Cleveland, O. The society would feel honored to have every one of these gentlemen repeat their visit this year. And there are a good many more whose presence and participation in the discussions would be equally welcome.

AT THEIR OLD TRICKS.—The officers of the National Homœopathic Hospital at Washington are complaining that a number of people have been soliciting and receiving contributions from homœopathic physicians and laymen for the Garfield Memorial Hospital, under the pretence that homœopathy was to be fully represented in the institution; but that these people have managed to get possession of all these funds and, under forms of law, are diverting them to a different use from that which the donors intended and the collectors pretended.

So far as the contributing homœopathic physicians are concerned, they are not deserving of the least sympathy. They surely must have known that they were dealing with men who, notwithstanding their boasted professional honesty, rarely, if ever, exhibit that commodity in their relations to people of a different creed. The homœopathic physician who trusts his hospital benevolences in the keeping of an allopath, deserves to lose them, as he surely will.

As to the homœopathic laymen and women who contributed to the hospital, the case is different. They may never have had occasion to find out that allopathic physicians are not in all respects just as honest as other people. Consequently, if *they* were duped and robbed, they are entitled to some sympathy. And yet how is it possible for even a layman living in Washington City, to be ignorant of the fact that the whole medical department of the national government is so managed by allopathic physicians, that millions of our people are regularly and systematically robbed and defrauded of their medical rights, and of the use of property bought with their own money? And how can they be ignorant of the fact that this system of spoliation is openly and boldly upheld and endorsed by perhaps all the allopathic societies and journals in the country; and that this peculiar form of corruption which defiles our national official life, is but the active expression of a professional depravity which among allopathic physicians is well-nigh universal?

But even though the contributors have walked into the snare

with eyes wide open, still that fact should not be allowed to screen the sharpers who despoiled them. A suit at law in the interest of the poor people for whom the contributions were intended, might perhaps compel a disgorgement of the ill-gotten plunder even if it should fall short of the more desirable result of landing a thief or two in prison.

Notes and Comments.

THAT EVERLASTING MICROBE.—Even delirium tremens is now traced by German physiologists to a micrococcus—"the worm of the still."—*Popular Science News*.

"ANOTHER GRAVE ROBBERY NEAR" NEW YORK.—"Two men have recently been arrested for robbing a grave" within eighty miles of the New York colleges. How does the *Medical Record* like that way of putting it?

THE STATE SOCIETY requests the pleasure of your company at the annual meeting in Pittsburgh, September 16th to 18th. Now *don't* trot out that "obstetric case" which keeps you from the meetings so often! Give the poor woman a rest!

AN EFFECTIVE REMEDY.—If readers of medical journals that have the abominable habit of interleaving their "ads" with the reading-matter, will at once, on discovery, tear out and destroy the intruder without inspection, as many do, it may help to put a stop to the offensive practice.—*N. Y. Medical Times*.

THERE are many who awake in the morning feeling more languid and tired than when they retired the night before. Though such persons are well fed and sleep soundly, and though they get better after walking about a little, yet Dr. Lander Brinton (*Practitioner*) thinks their languor depends on imperfect removal of waste products from the body, and has found that a tumbler of water taken just before going to bed, often prevents this languor.

OUT-DOING MUNCHAUSEN.—The children in Indianapolis who were given twenty-five dollars' worth of pills, stolen from a drug store, and ate them in mistake for candy, were lucky in one respect. The pills were of the homœopathic variety, and did no harm.—*Med. and Surg. Rep.*

This little tale is certainly pretty. It points a moral also. Twenty-five dollars' worth of pellets would represent at least eighty-five pounds of the commodity. Imagine those children eating them. Imagine a thief stealing them. Oh! consistency, thou art a jewel!

ANTISEPTIC DENTISTRY.—Dr. Zakharevitch relates two instances of death resulting from septicemia following the extraction of a tooth, unclean forceps being used in the operation. The author, therefore, recommends antiseptic tooth pulling. He advises washing the inside of the cheeks with soap and water, and then with a 2 per cent. solution of carbolic acid. After the tooth has been extracted the mouth should again be washed with the carbolic solution, and the tooth cavity filled with a wad of cotton charged with iodoform. *Query*.—Would it not be more sensible to clean the forceps?

A NEW VARIETY OF MEDICAL ADVERTISING.—The advertising of medical men is bad enough, but the use of medical men and their services as lures for a tradesman's business is, if possible, worse. Some of the French journals are exceptional offenders in this particular way, and now one attracts special attention by pushing this strange practice to an extreme probably not before even thought of. *Le Petit Caporal* announces that it has retained two "eminent physicians" to give advice gratis, and, it is thought, drugs also, to those who subscribe to the paper. Take in *Le Petit Caporal* and you will save your doctor bill! We should like to know who excogitated this brilliant idea, and who are the two "eminent physicians" employed.—*The Lancet*.

FACT AND FICTION.—Our contemporary of the *Medical Record* has been searching in the realm of fiction—not, this time, for records of allopathic cures, but—for a "doctor-woman." And when he found her, lo! she was a homœopathist. Whereat he went into hysterics, and said it was "a great waste of talent to try to make something heroic out of a homœopathic woman." Considering how little she needs such an effort, we think so too. The *Record* is in a dreadful stew, however, at finding that allopaths do not really monopolize the field of fiction, and realizing the unfitness of such a state of things, naturally waxes indignant over it. That heroic thing—a homœopathic woman—has proved to be so solid and immovable a *fact*, that it really is strange how she ever came to supplant those admirably adapted fellows—allopathic men—in the domain of fiction.

Gleanings.

ON THE INFLUENCE OF AGE UPON THE PREVALENCE OF PULMONARY TUBERCULOSIS.—A. Wurzman calls attention to the fact that correct results pertaining to the above subject can only be attained by *comparing the death-rate with the number of living persons of the same age*, provided a correct basis is to be had. His results are at variance with those usually believed to represent the truth. Thus, of 10,000 individuals

Aged 0-1 year, there die annually of consumption, 23.45				
" 1-2 years	"	"	"	20.41
" 5-10 "	"	"	"	4.67
" 15-20 "	"	"	"	18.38
" 20-25 "	"	"	"	30.24
" 25-30 "	"	"	"	36.73
" 30-40 "	"	"	"	41.12
" 50-60 "	"	"	"	67.94
" 60-70 "	"	"	"	93.12
" 70-80 "	"	"	"	61.72
" over 80 "	"	"	"	25.10

—Rep. of the Imperial Health Office, Berlin.

THE NUTRITIVE VALUE OF BRANNY FOODS.—Drs. Randolph and Roussel after investigating the above subject reach the following conclusions: 1. The carbohydrates of bran are digested to but a slight degree. 2. The nutritive salts of the wheat grain are contained chiefly in the bran, and therefore when bread is eaten to the exclusion of other foods, the kinds of bread which contain these elements are the more valuable. When, however, as is usually the case, bread is used as an adjunct to other foods which contain the inorganic nutritive elements, a white bread offers, weight for

weight, more available food than does one containing bran. 3. That by far the major portion of the gluten of wheat exists in the central four-fifths of the grain entirely independent of the cells of the fourth bran layer (the so-called gluten cells). Further, that the cells last named, even when thoroughly cooked, are little if at all affected by passage through the digestive tract of a healthy adult. 4. That in an ordinary mixed diet, the retention of bran in flour is a false economy, as its presence so quickens peristaltic action as to prevent the complete digestion and absorption not only of the proteids present in the branny foods, but also of other food-stuffs ingested at the same time; and, 5. That, inasmuch, as in the bran of wheat as ordinarily roughly removed, there is adherent a noteworthy amount of the true gluten of the endosperm, any process which in the production of wheaten flour should remove the three cortical protective layers of the grain would yield a flour at once cheaper and more nutritious than that ordinarily used.—*Medical News*, July 12th, 1884.

THE THERAPEUTIC VALUE OF JEQUIRITY.—The journals are at present full of praise of the therapeutic value of jequirity. Dr. S. Pollak, in his experience with the drug, met with a case which terminated most disastrously. The patient was a woman, æt. 23 years. Purulent infiltration of the entire cornea of the right eye ensued, resulting in a partial sloughing of it, on its lower aspect; vision was irretrievably lost. After this, the writer was more particular in the use of the drug. He used only sound beans, and made only three to four applications of a *fresh* infusion to the everted lids by means of a camel's hair pencil; this he found sufficient to induce a sero-purulent discharge, etc. Among his conclusions respecting the value of the drug, are that it is the most reliable and prompt remedy in the treatment of trachoma and pannus; that the more inveterate the granulations the more efficient and striking the result; that adults are more amenable to treatment than young individuals; that abrasions or even ulcerations of the cornea are no bar to its use; that pyorrhœa is no essential factor in the treatment, but a sero-purulent discharge is, as well as the formation of a membrane on the palpebral conjunctiva; that a sound bean and a fresh infusion is *conditio sine qua non*; that the maximum strength of the infusion need not exceed three per cent.—*Amer. Journ. of Ophthalmol.*, June, 1881.

THE POSSIBLE DANGER OF TRACHELORRHAPHY.—Much has been written respecting the value of this operation, and the best method of performing it. Little has been said of the dangers of the operation, or of the difficulties in the way of or following its performance, a gap in medical literature which Dr. B. H. Wells endeavors to fill. Primary hæmorrhage may occur but it is rarely alarming, and when severe is easily controlled by traction exerted upon the cervix, or by one or more sutures passed deeply under the bleeding points. Secondary hæmorrhage is rare, but when it does occur is a serious danger. It may happen not only when the circular artery has been wounded during the operation but also at times as a consequence of a cutting of a suture into a previously intact arterial twig. When it does happen, if very severe and the instruments are at hand, time should not be wasted in trying other means, but we should at once apply the deep suture, twisted tightly on the side from which the bleeding comes. In the absence of the proper instruments, and in moderate cases, tight tamponing with discs of alum-cotton will suffice, and not interfere with union. On account of the danger of secondary hæmorrhage from the cervix, it is an open question whether in those cases when both lesions exist together, it is not best and wise to defer the repair of lacerated perineum to some time after the closure of the cervical rent and not as a routine practice do both operations at one sitting. Menstruation coming on before the removal of the sutures does not

necessarily cause trouble if they only be allowed to remain in situ for a few days longer, or until it ceases. Non-union occurs in about eight per cent. of all operations, the percentage of failures being larger in hospital than in private practice. Serious inflammation is a not very infrequent sequence, and even death occasionally follows. Inflammation frequently occurs when there has been previous cellulitis.—*Amer. Journ. of Obstet.*, June, 1884.

A NEW APPARATUS FOR THE RELIEF OF DEAFNESS.—Pöhlitzer describes in the *Wien. Medicin. Wochenschr.* a little instrument, invented by himself, to aid those whose power of hearing is impaired. The principle is to transmit the vibrations from the pinna to the membrana tympani. Pöhlitzer opposes Voltolini's opinion, that the cartilage of the ear is a poor conductor of sound, and on the contrary believes that the pinna, by means of its vibrations, is of great importance in the mechanism of hearing. His apparatus consists of a small elastic drainage tube, one end of which is bevelled off so as to rest evenly against the drum membrane, while the other end is curved slightly, and by its elasticity presses gently against the anti-helix. Near its outer extremity the tube is attached to a small concavo-convex rubber plate. This plate is fitted so that its concave side lies in apposition with the concavity of the concha. The idea of this attachment is to increase the conducting power of the instrument, and to transmit with greater facility the vibrations of the pinna. In a large number of experiments made to test the value of this instrument, the inventor found that in most cases the hearing distance for the voice was considerably increased,—in some instances from two feet without to fifteen or twenty feet with the apparatus. In many cases the hearing distance for the watch was also increased, though in no such striking degree as that for the voice. In cases in which the drum membrane was partially or entirely destroyed, it was found necessary to attach an artificial drum to the inner extremity of the tube. In deafness due to ankylosis of the ossicles or to disease of the labyrinth, little or no improvement was obtained by the employment of the tube.—*Med. Rec.*, July 12th, 1884.

A DANGEROUS ADULTERATION OF IODOFORM.—Dr. Biel, of St. Petersburg, calls attention to a commercial adulteration of iodoform with picric acid, which cannot be detected by the tests of the pharmacopœia. This mixture is not only poisonous but is explosive when rubbed up in a mortar. It can be detected by the citron-yellow color it yields to a watery filtrate. If a solution of cyanide of potassium be added to the filtrate, no reaction will follow if iodoform be pure; but if there be a trace of picric acid present, the solution will, in the course of ten minutes, become brownish red, and in a short time deposit an insoluble precipitate of isopurpurate of potassium.—*Philad. Med. Times*, July 12th, 1884.

NON-MALARIAL PAROXYSMAL FEVERS.—In introducing his subject, Dr. J. H. Musser refers to the different forms of paroxysmal fever recognized by Murchison,—namely, malarious intermitting fever, typhoid fever, relapsing fever, pyæmia, fever from pent-up pus, from endocarditis, from lymphadenoma, tubercular fever, syphilitic fever, urinary and hepatic intermitting fever, and intermitting fever from morphia. In addition to the above, Dr. Musser recognizes paroxysmal fever due to gastro-duodenal and pulmonary catarrh, to pent-up serum, and to forming pus in a confined space. A case is quoted from Dr. Ord, that of a man æt. 30 years, a victim of syphilis, who had daily attacks of high temperature. Quinia failed, but Iodide of potassium succeeded in curing him. The temperature curve of typhoid fever simulates that of intermittent fever almost always at some period of its course, either in the inception of the disease or during convalescence. Empyema may fail of recognition because of the attending

paroxysmal fever. The physical signs of the disease ought to prevent error. Abscesses of the viscera, liver, lungs, and prostate gland may also give rise to difficulty in diagnosis. Confined serum or forming serous exudation may, undoubtedly, give rise to intermitting fever. This may be noted in cases of subacute pleurisy with effusion. The febrile range of ulcerative endocarditis is frequently characterized by daily paroxysms. Many persons in the latter stages of phthisis, when giving a history of their complaint, say that it was preceded by malaria. Over and over again is such a sad tale told us in the medical dispensary, and it is a matter of fact that not only do the laity, but many physicians, consider early phthisis as malarial in nature, entirely overlooking the local troubles. Intermittent fever may also be secondary to catarrhal inflammations of the pulmonary, the gastro-intestinal, and the genito-urinary mucous membranes. This form is important of recognition; for unless the fever is traced to its source, grave organic mischief will result. It savors much of the teachings of Broussais to say that catarrhs are the source of fevers; but there is no doubt that just so far as he erred in that extreme, so do we err by attributing most fevers to a zymotic process. Probably the most difficult, the most occult, form of paroxysmal fever of catarrhal origin to recognize is the one due to that lesion of the intestinal tract. There are no physical signs to betray it, and generally the intestinal derangement is considered secondary to the febrile process. In all cases a careful study of the symptoms attendant on the paroxysmal fever is necessary to establish its true nature. Emaciation of a high degree and exhaustion are more common in non-malarious intermittents. A long sweating stage and a low febrile range rather disprove the presence of the malarious influence.—*Med. and Surg. Rep.*, June 14th and 21st, 1884.

ON THE PROGNOSIS OF VALVULAR DISEASES.—Dr. J. Milner Fothergill recognizes two forms of valvulitis, the acute and the chronic. The differentiation of these must be made in order to properly comprehend the subject of the prognosis of these affections. Acute valvulitis may be the result of rheumatic fever, to a lesser extent of scarlatina or other malady of early life, or it may be set up by violent effort. There is an inflammatory storm which passes over the serous lining of the interior of the heart. In the valve-curtains, in the chordæ tendinæ, in the musculi papillares, there is a growth of soft young cells. The inflammatory storm passes away, but the soft young cells remain. These, in no long time, contract and shrivel up, and distortion of the parts in which they exist follows. But once the mischief done, it remains, like the cicatrix of a burn, static and now progressive. The damage is compensated for by a proportionate growth of the wall of the muscular chamber behind the lesion. Chronic valvulitis is a totally different malady. It is a slow, progressive disease as a rule, sometimes not very slow. It is otherwise known as sclerosing endocarditis. It consists of a parenchymatous inflammation or cell-growth into the valve-curtains, and earthy salts may be deposited into the neoplasm. At other times atheromatous tubercles are found springing from the surface of the affected valves. There is usually an hypertrophied ventricle and hard arteries, with firm, incompressible pulse, and a loud aortic second sound. There is a high blood-pressure in the arteries. The ventricle overcomes this by hypertrophic growth, and by the powerful contraction of the ventricle the mitral valves are closed violently, and so become chronically inflamed, or the aortic cusps undergo strain from the powerful aortic recoil, and a cell-growth is instituted in them. This form of valvulitis is essentially progressive, though the rate of progress is by no means the same in each case. Mitral valvulitis does not, the author thinks, progress so quickly as is the case with aortic valvulitis.—*N. Y. Med. Rec.*, July 12th, 1884.

WHEN ARE WE AT GREATEST RISK FROM CONSUMPTION?—Dr. Edgar Holden has, after considerable laborious investigation, obtained a result answering the above question which is as startling as it is conclusive, viz., that death from consumption, instead of being, as is almost universally supposed, most prevalent in early adult life in this country, is, in reality, not so, but grows relatively more frequent as life advances.—*N. Y. Med. Rec.*, July 12th, 1884.

POISONING BY POIS D'ACHERY (*PHASEOLUS LUNATUS*, LINN.)—This is a species of kidney bean cultivated in the Mauritius, and used as an article of diet by the lower classes of creoles. Some varieties of this bean are poisonous. The active agent is Hydrocyanic acid, which does not, it is believed, exist already formed in the beans, but is developed by prolonged maceration. The symptoms in poisoning cases differ from those of Prussic acid only in the slowness of the development of the symptoms. The symptoms are vertigo, headache, nausea, loss of muscular power, trismus, convulsions, foaming at the mouth, and loss of consciousness. Pain in the epigastrium and vomiting, symptoms not ordinarily noted in poisoning by Prussic acid, are often prominent.—*Practitioner*, June, 1884.

SPECIMENS OF URINE CONTAINING TUBE CASTS can be preserved by the addition of a minute quantity of Corrosive Sublimate.—*The Polyclinic*, July 15th, 1884.

DISEASE PRODUCED BY DRINKING WATER FLOWING FROM A GRAVEYARD.—Dr. L. G. Hardman reports the case of a girl, aged 13 years, who drank some water from a stream which had its origin on the side of a hill that had been used as a burial-ground. One hour afterward she complained of being sick, had pain in the head, and soon began to vomit. During the night diarrhoea set in. On the third day her pulse was 112, temp. 103° F. She then had intense pain in left hip and leg, tenderness on pressure over the sciatic nerve, and some swelling of the hip. On the sixth day a swelling of the labia majora of the left side was noticed. This soon resulted in a large abscess. She then complained of pain in the knee, wrist, and clavicular articulation, suppuration afterward occurring at all of these points. The parotid glands also suppurated. Patient died on the eighteenth day.—*Atlanta Med. and Surg. Journ.*, Aug., 1884.

ELECTRICITY AS A MEANS OF DETERMINING THE LOCATION OF A CEREBRAL ABSCESS OR TUMOR.—Dr. J. E. Gilman proposes faradism as a means of locating the diseased process in cases of cerebral abscess or tumor. Normally the head is sensitive to the current; in disease, it is much more so. In using faradism as a diagnostic measure, Dr. Gilman places one electrode over the nape of the neck while the other is held in the hand of the operator. The free hand completes the circuit by making contact with the patient's head. It is made to touch each portion of the head in turn. Thus all sensitive areas may be carefully outlined.—*The Clinique*, July 15th, 1884.

THE COMPARATIVE FREQUENCY OF EYE-DISEASES IN THE WHITE AND COLORED RACES IN THE UNITED STATES.—It is a well-known fact that certain diseases do not affect the white and colored races with an equal degree of frequency. Dr. Swan M. Burnett, in 2325 cases of eye disease seen in dispensary practice, found that 1514 were colored and 811 white. Scrofulous conjunctivitis was of far more frequent occurrence in the blacks. Of trachoma, Dr. Burnett did not meet with a single case in a colored patient, although the whites had forty-four cases. He is not prepared, however, to say that the negro never has trachoma, only that he has never met with a case in one of that race. He believes that there is some constitutional fault

which predisposes to trachoma, and thus he accounts for its relatively frequent occurrence in the white race. This fact suggests to him the advisability of paying more attention to the constitutional and less to the local treatment of these cases. Especially so as the methods of local treatment thus far devised have met with but poor success. Of iritis, the percentage among the negroes is twice that among the whites. The large amount of pigment in the uveal tract would lead us to suspect some modification of inflammation in that tissue. On the other hand, choroiditis and cyclitis do not appear to be relatively so frequent while the paralyses of the ocular muscles are met with nearly equally in whites and negroes. Strabismus convergens is comparatively rare in the negro. There were thirty-six white cases and three colored. Negroes are more liable to retinitis pigmentosa, neuro-retinitis, and to retinitis albuminurica than are the whites. Glaucoma, especially the chronic simple form, is very frequent among the negroes; more so it would seem than among the whites.—*Arch. of Ophthalmol.*, June, 1884.

SYMPATHETIC OPHTHALMIA AFTER CRITCHETT'S OPERATION.—Poncet reports a case of sympathetic ophthalmia due to the amputation of a stump according to Critchett. Poncet thinks that the irritation was transmitted through the ciliary nerves.—*Arch. of Ophthalm.*, June, 1884.

THE INFLUENCE OF ATHEROMA OF THE CAROTID ON THE DEVELOPMENT OF CATARACT.—Karwat's observations on the above subject show that in cases of cataract associated with atheroma of the carotid, the lenticular affection was more marked on the side of the body corresponding to the carotid artery in which the atheromatous changes were more advanced. In cases where the atheroma was unilateral, the cataract also was on one side only.—*Arch. of Ophthalm.*, June, 1884.

ON THE ETIOLOGY OF ACUTE ANTERIOR POLIOMYELITIS.—In the *Archives of Medicine* for August, 1884, Dr. Ambrose L. Ranney reports a case of acute spinal paralysis in the adult in which the paralysis was singularly distributed. The patient was a young man, twenty years of age, and was employed in a saw-mill. He was obliged to run a treadle with his left foot and push boards against a circular saw with his right hand. The paralysis invaded just those limbs that had been subjected to this inordinate exercise. In the same periodical, Dr. John Van Dun reports another case of the same disease, in which the supposed cause of the disorder was overexertion.

GUACO.—The provings and observations of Dr. Elb indicate the importance of guaco in spinal diseases, spinal irritation, partial paralysis, and especially the paretic condition following apoplexia. He found it almost specifically helpful in robust, not anæmic, ruddy persons, inclined to congestions, excitable especially in males, when the spinal disease has not been caused by loss of fluids or depressing causes in persons disposed to hæmorrhoids when the pains, with only a slight feeling of weakness in the lumbosacral region, are mostly in the upper part of the vertebral column, mostly aching, drawing or sticking in character, very severe, with, at the same time, only pains in the extremities, but no paretic conditions, and the parts affected are extremely sensitive to pressure. Dr. I. T. Talbot has made provings of the drug on himself. He noted a diarrhœa which came on at 4 A.M. with pain and sudden call to stool of dark brown fecal matter, thin and watery. Two hours later, he had another stool, sudden, forcible, profuse, with the appearance of rice-water; had some pain in the sacrum and back afterwards with feeling of weakness and fatigue. He has found this remedy serviceable in thin, watery diarrhœa, especially of teething children, with indications of cerebral effusion; likewise in dysentery with pains in


the back and lumbar region accompanied by fatigue, weakness and exhaustion. In persons of hæmorrhoidal tendency, it has proved very efficient in arresting a bloody mucous or frothy diarrhoea, accompanied by burning pain rather than tenesmus.—*N. E. Medical Gazette*, August, 1884.

PERFORATING ULCERS OF THE SEPTUM NASI.—Dr. Jonathan Hutchinson concludes that chronic perforating ulcers of the septum nasi occur not unfrequently under conditions which preclude the suspicion of syphilis. Sometimes they are of the nature of lupus, and the younger the patient, the more likely it is that they have this relationship. They are most common after middle age, and in not a few patients at this period of life, it is impossible to assert anything as to their cause. Even when there is a clear history of syphilitic antecedents, if the ulceration be very slow and without tendency to diffuse inflammation or to exfoliation of bone, it will usually be found that internal treatment by specifics does very little good while local treatment will cure. The best local treatment is the repeated careful application of the acid nitrate of mercury and the use of the yellow oxide ointment.—*Medical Times and Gazette*, July 12th, 1884.

SURGICAL TREATMENT OF GALL-STONE.—Mr. Lawson Tait has recently carried out his proposal to crush gall-stones by grasping the duct with the forceps. He crushed the stone with great ease by two strokes of the forceps. It was about the size of a cherry, and after it was broken, the fragments dispersed, and they have given no trouble at all. Since the operation, only a very small quantity of mucous fluid, faintly tinged with bile, has come through the fistula, and the patient's motions are now quite normal in color. He intends to close the fistula in a few days.—*Br. Med. Journ.*, July 12th, 1884.

ARRESTED LABOR FROM RIGOR MORTIS OF FÆTUS.—The patient was admitted to the hospital under the charge of Dr. Robert Boxall. Previous to the onset of labor she had suffered from a severe accidental hæmorrhage. The head presented naturally. The cervix was well dilated. The membranes were ruptured artificially. The pains continued good and strong. Notwithstanding this, no progress was made, so the forceps were applied. After the delivery, the fœtus was found to be in a condition of rigor mortis which lasted nearly an hour.—*The Lancet*, July 12th, 1884.

News, Etc.

 *News items, of either local or general interest to homœopathic physicians, are respectfully solicited from all our readers. To insure prompt insertion, they should be received by the General Editor not later than the eighteenth of each month.*

MEDICAL SOCIETY OF NORTHERN NEW YORK.—This organization held the regular summer meeting of its thirty-second year, in the parlors of the Arlington Hotel, Saratoga, on Wednesday, August 6th. In the absence of the president, Dr. Billings, of Cohoes, occupied the chair. Quite a number of interesting papers were presented and discussed. The annual meeting will be held at the City Hall, Albany, on Wednesday, October 1st, 1884.

VACANCIES AT WARD'S ISLAND HOSPITAL.—Dr. T. M. Strong, chief of staff, writes us that there will be four vacancies on the house staff on the

first of October. They will be filled by competitive examinations, the term of service being eighteen months, unless shortened by promotion. For date of examination and other particulars, apply to Dr. C. A. Bacon, 130 East 35th street, New York City.

SITUATION WANTED IN A PHYSICIAN'S OFFICE.—A young man who has attended one course of lectures in the Philadelphia College, and who from his childhood assisted his father and grandfather (both homœopathic physicians) in their offices, would like to earn his board in the office of a Philadelphia physician, during part or all the time until his college studies are completed, in the spring of 1886. Reputation unexceptionable. Inquire of the general editor of this journal.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The thirty-third semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in the Supervisor's room of the Court House, Binghamton, Tuesday and Wednesday, September 9th and 10th, 1884.

A full and interesting meeting is anticipated.

Binghamton is situated in a beautiful country whose attractions speak for themselves to all who have once seen them. The State Asylum for Chronic Insane is located in the suburbs, and will well repay a visit.

Members of the Society will bear in mind that the semi-annual meetings are devoted to the consideration of scientific and clinical subjects, all business and medical politics being relegated to the February meeting.

Arrangements have been made with the hotels by which those in attendance on the meeting will be accommodated at the rates accorded commercial travellers, viz.: \$2.50 per diem at the Bennett House, and \$2.00 at the Exchange Hotel and Lewis House.

Upon application to the undersigned, certificates will be furnished all wishing to attend, entitling them to return tickets at one-third fare, to starting-points within the trunk line territory in New York State. No stop over can be granted on the reduced rate tickets.

All friends of the Society are cordially invited to attend and take part in the proceedings.

JOHN L. MOFFAT, M.D.,

17 Shermerhorn St., Brooklyn, N. Y.

Secretary.

PERSONAL ITEMS.—Dr. Hugh Pitcairn and wife, of Harrisburg, Pa., have returned from their European trip.

Professor B. F. Betts, M.D., of Hahnemann College, Philadelphia, arrived home from Europe on the 8th of August. He is looking well.

DEATH OF J. J. WOODWARD, M.D.—Dr. J. J. Woodward, Surgeon, U. S. A., died on the 17th of August, aged about 50 years. He had been incapacitated for active service for quite a long period, by disease of the kidneys. Dr. W. was one of the most distinguished scientists in the U. S. Army medical corps, particularly because of his valuable researches in microscopy and micro-photography. His work on the *Medical History of the War of the Rebellion*, and other literary labors also entitle him to a very high place in professional and public esteem.

BACK NUMBER WANTED.—Will any physician who may have a copy of the January, 1880, issue of this journal to dispose of, please address the Business Manager, N.E. cor. Eighteenth and Green Sts., Phila.?

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HYGIENE AND MANAGEMENT OF INFANTS DURING THE SUMMER MONTHS.

BY C. H. HOFMANN, M.D., PITTSBURG, PA.

(Read before the Pathological Society of Allegheny County.)

It seems to be a well-established fact from the observation of physicians, that summer diseases of infants are especially apt to make their appearance in sudden hot, sultry weather. It may often be noticed that in such weather ten cases will apply for treatment to one during more moderate weather. On the contrary, a cool summer like last year brings little diarrhœa and few deaths. Another observation is that children who are attacked early in the summer are brought through the season with great difficulty; in fact, the great majority of severe cases die before the end of the season. This may be due to three causes:

First. Children of weak constitutions and bad family history are, as a rule, more liable to be affected by a slighter degree of warmth, and earlier in the summer, than those of a robust habit of body.

Second. That attacks of diarrhœa seem to leave a predisposition for a recurrence on a slight elevation of the temperature.

Third. That even previously strong and healthy children are weakened down by it, and thus virtually enter the summer with a weakened organization, and, as they have the whole summer before them, and are weakened more and more by recurring attacks, they succumb before the cool weather sets in.

City atmosphere further seems to have a pernicious effect, as can easily be seen by noting the long list of cases which a

city physician has to treat, and the frightful mortality of children under the first year. This is further shown by the fact, that when children with "summer complaint," even in a very advanced stage, and emaciated almost to a shadow, are taken into the country or to a mountain resort, they at once begin to improve and gain flesh.

In close relation with the effect of city atmosphere, is that of crowding in small, close, ill-ventilated tenement apartments, and narrow, filthy back alleys, where the sun either never penetrates; or if it does, it only increases the evil by causing a more rapid decomposition of the slums and filth of the gutters.

A custom most pernicious in its effects, and all the more glaring on account of its easy rectification, is that of overdressing children. We often see children from six to twelve months of age with a flannel binder, woollen shirt and petticoat, and woollen stockings, and, to cap the climax, in long clothes, in the hottest part of July and August. This stupidity is intensified in some cases as soon as the child gets summer diarrhœa, by wrapping it up in a shawl or quilted cloak and putting a woollen hood upon its head. Not only must nature fight against the heat of the season, but also against the superadded wraps and flannels. Often such unfortunate little specimens of humanity are brought into a physician's office almost raw with prickly heat, and the burning and itching of this adds in no small degree to its sufferings.

Young children must be kept as cool as possible during hot weather, and to secure this object it is best to dress them with a slip and diaper only, and put them on a comforter or blanket on the floor of a cool room, letting them amuse themselves with their playthings as best they may.

The bath is another essential in the management of children. They should be bathed at least once a day in lukewarm water. It is difficult to carry out both these suggestions among the ignorant classes, especially the former.

It is wonderful with what tenacity not only mothers, but even a large percentage of educated physicians will cling to the old notion that frequent bathing is hurtful.

It is true that it has been handed down from time immemorial, and is, perhaps, hallowed from its hoary-headedness. It is, nevertheless, a custom far more honored in the breach than the observance. It is unphilosophical and illogical, but alas! not unmedical, and is closely connected with the barbarous

custom of allowing a patient with a fever nothing but hot slops to drink. I would simply ask physicians advocating this doctrine to put themselves in the patient's place.

Parents of children often commit a great error by taking them out in the hot sun in the middle of the day. Unfortunately, the physician does not often have the opportunity to protest against this in time, and he is only called when the fully developed case of cholera infantum is present. Parents themselves often attribute the child's sickness to the fact of having them out in the heat. Infants should never be taken out-doors between the hours of 10 A.M. and 4 P.M. of a hot day.

It is, on the contrary, of advantage to take the child to a cool place, as on one of the bridges, after the sun has gone down.

Not only the kind of food but also the method of feeding, is an important item in the management of children, sick or well.

That mother's milk is the best for infants goes without saying, but even this may prove injurious to a child by thrusting the maternal nipple between the lips of the child every time it may chance to cry, or even be a little restless. It does not follow that because a child cries it is hungry; it may be simply a desire to be taken up and amused; or it may feel uncomfortable from an unchanged diaper, soiled with its excretions; or it may have a twinge of colic; its feet may be cold, or it may suffer one of those numberless little discomforts to which baby flesh is heir, and of which its only method of expression is a cry. This continual stuffing of a babe is very bad for it. The stomach is seldom or never emptied, it has no chance to rest, and the ferments and products of fermentation begin to accumulate, not only vitiating the quality of the milk, but also attacking the mucous membrane of the stomach. Hence the child vomits. This vomiting is not the mere gulping up of a mouthful of milk, showing that the stomach has been filled to repletion, but the gushing out in a torrent of an intensely sour curd.

Should these products of fermentation, however, pass the pylorus into the duodenum, it sets up a duodenal catarrh, and a diarrhoea is the result. Should this occur only once, the offending material is simply gotten rid of as soon as possible, and the lining membrane of the duodenum soon regains its normal tone, but recurring again and again, matters go from bad to worse, and the trouble becomes established.

As milk requires from two to two and a half hours for digestion, the child should not be fed oftener than this at birth, and even two and three-quarter hours would not be too great an interval. When the child is six months of age, this interval may be lengthened with advantage to three or three and a half hours, as the child takes a larger quantity at a time, and can, therefore, give its stomach a period of rest without inconvenience to itself. This plan has another minor advantage, and one that is enticing to the mother if she carries it out to the letter. It is that the child gets so accustomed to it, that it might almost be said to nurse and sleep like clockwork. It has its certain time to nurse, to be awake, and to sleep, and the mother can regulate her household duties accordingly, and be able to calculate almost to a certainty when the child will again require her attention.

If this be true of healthy children, it is still more so for those of weak digestion or those who are suffering from summer complaint; and of the highest importance is it, when cows' milk, or some other surrogate for the breast is used. Cows' milk is slower and more difficult of digestion on account of the larger quantity of caseine contained in it, and children who are raised on the bottle are far more liable to be attacked by sickness than those raised as nature intended they should be.

Another item to be borne in mind is cleanliness of the bottle. Simply washing it out with cold water will not do, as little particles of milk adhere to the sides and in the corners, and, decomposing, will cause the irritation of the alimentary tract referred to above; so that not only regularity of feeding but scrupulous cleanliness is necessary to the welfare of the baby. To secure this cleanliness of the bottle, it should be washed out at least once or twice a day with strong soapsuds in addition to the washing after each meal, and when not in use a mild solution of borax or washing soda should be kept in it. Of course, the rubber nipple must be treated in the same way. As a corollary to the above, the more complicated the style of the feeding-bottle the more corners for dirt to accumulate and the harder it is to keep perfectly clean.

It will sometimes be found that in very warm weather there is great difficulty in keeping the milk perfectly sweet, and being but slightly turned, will cause irritation before the spoiling can be detected by the curdling when boiled. Again, the milk may disagree but slightly, causing curdy stools to appear or making the child constipated. In these cases it will be best

to partially peptonize the milk, for which purpose I have found the *Extractum Pancreatis*, prepared by Fairchild's Brothers & Foster, a most excellent preparation. I generally order a pint of milk to be peptonized at one time by adding (according to their formula) 5 grains *Extract. Pancreat.* and 15 grains *Sodæ Bicarb.* and putting in a warm place for half an hour or so; then putting on ice and not scalding, as is sometimes recommended.

Scalding the partially peptonized milk stops the process completely, and the rest of the digestion must be done by the child, whereas putting the milk on ice merely holds the process in abeyance, so that when it is warmed and taken by the child the process goes on even without the aid of the stomach.

It is surprising how some children who have been emaciated to the last degree by indigestion and by diarrhœa, will improve and gain flesh as soon as they are fed with milk so prepared.

There is still another class of patients who, unfortunately, will not bear even the peptonized milk, and in it are comprised the cases of *cholera infantum*. By the term *cholera infantum*, I do not mean summer diarrhœa or summer complaint, for which it is often erroneously used, but those cases which are suddenly seized with vomiting, diarrhœa, cold extremities, etc., and are akin to *cholera morbus* in adults. Besides these there is a proportion, and not a very small one at that, of children with simple diarrhœa who cannot bear even milk prepared in this way. When we get either of these classes of cases milk must be forbidden at once, and recourse must be had to mucilaginous drinks, such as rice, farina, or barley-water. The best of these is barley-water, which is prepared by boiling a tablespoonful of ground barley in a quart of water for three or four hours, then straining so as to remove all grains, and adding a little salt. It is then chilled by being placed in the refrigerator for a few hours. The little patients will mostly take it cold when they utterly refuse it warm.

Should they still vomit this, they are to be given only ice-water in small quantities, and if this is not borne, cold fomentations to the abdomen.

An important point to remember in this connection is, that often when children cannot retain anything in their stomachs and are restless and unable to sleep, they will retain nourishment and fall into a sound sleep if they are well sponged off with hot water.

When the child begins to improve and can retain nourishment, milk must not be given at once. It is better to give

beef-tea, or rice, or farina soup until the diarrhœa has ceased or there is a decided craving for more nourishment.

Another rather curious fact, from experience, is that children who are recovering from a diarrhœa, seem to have a craving for cured meats. They will take with avidity dried beef or ham cut with the grain, or a piece of smoked fish, and will suck at it with apparent relish; and furthermore, it seems to do them good and strengthen their digestion. Whether it is the salt or the creasote of the meat I will not pretend to determine, but the fact remains the same. Children recovering from a severe diarrhœa will also take, with great relish and benefit, perfectly fresh butter. It seems that the great loss of adipose creates a demand for fatty food to supply the waste. Valentine's Beef-juice, given cold, as it should be, is grateful and beneficial to sick infants.

It must not be forgotten that food should be frequently changed in variety, as children soon tire of one and the same kind, given day after day, and will eventually refuse to take it altogether, although it seems to be agreeing very well.

No hard-and-fast rule can be laid down for the diet even of comparatively healthy bottle-fed infants.

Some will thrive on condensed milk, and with others it disagrees. All the various foods on the market have their advantages and disadvantages, and no one food will do for all children, but we must try until we find something that will agree with the child. Here the same thing applies to well children that we stated of sick ones. We must occasionally alter the diet, and ring off the changes in fresh milk, condensed milk, Horlick and Mellin's food, and other preparations, so that the novelty of a change will stimulate the child's appetite and cause it to take more and thrive better than if it gets one and the same diet all the time.

ON THE RELATION OF CERTAIN DISEASES OF THE EAR TO THE BRAIN.

BY C. F. STERLING, M.D., OF NEW YORK.

(Read before the Homœopathic Medical Society of the State of New York, September 9th, 1884.)

THAT day is an extremely infrequent one, in which cases of children, with protracted suppuration of the ear, are not presented to me for treatment, whose parents, when asked, "Why have you neglected this so long?" reply, "The doctor said it was of no consequence; the child would outgrow it." This, to

be sure, is one step in advance of the old idea that a running ear was a favorable condition, and that any treatment of it, with reference to its cure, was dangerous; but that this is a dangerous and not infrequently a fatal error will, I think, be acknowledged by those who have patience to follow these remarks, and it is to call the attention of those who are not specialists, and whose time is so largely occupied by the multifarious demands of family practice that they have not had the opportunity to investigate how close are the relations of the ear to the brain, that I thought a short consideration of the subject not out of place. Now, to fully appreciate the causes of a fatal issue following a suppuration of the ear, it is necessary to understand some of its anatomical peculiarities, which are much better comprehended, if we go back to that period during which ossification occurs, and trace the development of certain portions of the temporal bone within which the organ of hearing is located.

In pursuance of this plan, we will first consider the external canal. The inner portion of this canal is of bone, but at birth this is entirely membranous, the only bone in the canal being the small incomplete ring at its inner end, known variously as the "tympanic bone," the "auditory process" or the "annulus tympanicus." This small bone, in shape somewhat like the letter U, commences its ossification at about the third month of foetal life, and it is from this, developing outwards after birth, that the anterior and inferior walls and a part of the posterior wall of the osseous meatus is formed. This bone at birth exists entirely independent of the other portions of the temporal bone, to which it becomes united during the first year of life. The superior wall of the meatus is formed from the squamous portion of the temporal bone (ossification in which commences during the second month of foetal life), growing outwards in the same manner as the other walls do from the tympanic ring, to which, in due time, it becomes united, thus giving the perfect bony meatus. Now, in the failure of development ("ossification gaps") we shall find one factor in the extension of the purulent process. The next thing in order to consider are the relations certain parts of this canal bear and the character of their tissue.

The superior wall is the most important in the matter we are studying. This is formed by two plates of bone, exceedingly thin, the upper one of which forms a portion of the floor of the middle fossa of the skull, and is covered by the dura mater, while the lower one forms the roof of the canal. Be-

tween these two lamellæ are cellular spaces, varying in size and number. The posterior wall is developed, as before said, partly from the tympanic ring, and partly from the main temporal bone in the mastoid region. The importance of this wall lies in the fact that it is the only separation between the meatus and the transverse sinus. Still further, during the growth of the temporal bone, the cells of the mastoid process, which in the new-born infant are situated behind the tympanic cavity, extend outwards along with the greater mass of the cellular spaces, by lying behind the meatus. Towards the front the mastoid cells are, therefore, immediately covered by the posterior wall of the meatus, from which the important relation of this wall to the mastoid process can be understood, since (not only) earies in the latter may extend to and through the posterior wall, but *vice versa* the destructive process may spread from the external meatus to the mastoid cells.

The value of these facts will be apparent when we come to trace the progress of a suppurative process in the ear directly to a fatal meningitis, and show the ease with which the latter may occur. We must next pass in review some of the anatomy of the tympanic cavity, commencing with the superior wall. This is formed by the continuation of the upper one of the two plates which make up the superior wall of the meatus, and which, as before said, is formed from the squamous portion meeting with the petrous portion. At the point of union, for there originally are separate bones ossifying after birth and during the first year, is the petro squamous suture. In the new-born infant there is a direct continuity of soft tissue (connective, bloodvessels, etc.) from the dura mater to the tympanic cavity through this petro-squamous suture. Later on, as the union at this suture becomes more firm, this soft tissue disappears. This wall, however, remains exceedingly thin, and in many cases it is incomplete, either showing quite a large aperture, even to the extent of more than half of the roof being wanting, or from one to several small and irregular openings. These openings, large or small, are covered on the brain side by its membranes, and on the tympanic side by the lining of that cavity. These openings are, without doubt, simply instances of arrested development. Sometimes they are bilateral, but more commonly are confined to one side. In the perfectly developed adult bone the site of this suture can be distinctly seen after maceration as a jagged furrow. The floor of the tympanic cavity possesses an important relation to the jugular fossa, lying just above it. Lodged in this fossa is

the expanded beginning of the internal jugular vein. The anterior wall lies close to important vessels, viz., the carotid artery, and a venous sinus communicating directly with the cavernous. This wall is sometimes found incomplete, so that the cavity and these vessels are in direct connection. The two remaining walls of the tympanum, external and internal, while important in a functional sense, have less to do with the particular phase of middle-ear disease we are now discussing. Having thus refreshed our memories with some of the anatomical relations of these different parts, let us consider the possibilities or methods of extension from a simple inflammatory condition of the ear to a more serious lesion of the brain or large vessels, whereby a frequently little-considered disease becomes fraught with danger to life. I cannot do better than copy Politzer's tabulation of these methods, and then endeavor to illustrate each by clinical cases.

He says: A fatal issue occurs in suppuration of the middle ear:

A. When caries of the temporal bone extends to adjacent vital organs, thus:

(1.) By purulent meningitis, or by the formation of cerebral abscesses, the surface of the petrous bone, which is directed towards the cranial cavity, being penetrated in one or more places, and the suppuration spreading to the meninges and the brain.

(2.) By septic phlebitis, thrombosis, embolism and septicæmia, consequent upon the extension of the purulent process to venous sinuses on the petrous bones, or the sinus of the jugular vein.

(3.) By bleeding from the ear, the internal carotid artery on the anterior section of the temporal bone or the lateral sinus on the inner side of the mastoid process being eroded.

B. Without bursting of the suppuration into the cranial cavity:

(1.) By phlebitis of the cerebral sinuses; more rarely by meningitis and cerebral abscess.

(2.) By the reception of septic matter into the blood from cavities in the temporal bone (pyæmia), or by a general cachexia, proceeding from the local disease, especially tuberculosis.

In the Transactions of the American Otological Society for 1871, J. Orne Greene reports several cases, the one to which I now refer illustrating very clearly the first subdivision of the first general class. Omitting symptoms, the autopsy showed

the entire osseous meatus to be carious, the temporal bone carious to the extent of one-half inch around the meatus; the roots of the zygoma carious, the glenoid cavity, the superior surface of the petrous portion of the wall and lateral sinus, and the entrance of the aqueductus vestibuli, all showing loss from caries. The wall of the carotid canal was also carious. The entire floor of the tympanic cavity had been destroyed by caries, and no traces of the jugular fossa existed. There was a general inflammation of the meninges, and from the arachnoid had sprung a morbid granulation-like growth involving the 9th, 10th and 11th nerves. A similar mass filled nearly the whole of the middle fossa of the skull arising from the dura mater. Other morbid products were present, and the mastoid cells and tympanic cavity were filled with pus. Preceding death, which occurred in coma, there was paralysis of the right hypoglossal nerve, vertigo, epistaxis and obscured vision. The ear affection in this case commenced as an acute suppurative inflammation on April 16th, and remained as an ordinary chronic suppuration until November, when more serious symptoms manifested themselves, increasing in severity until death on the 30th of the next January. Another case was that of a man with suppuration for two years. No brain symptoms were apparent until six or seven weeks before his death, which was in coma. In this instance, a collection of pus was found just over a carious spot communicating with the tympanum. A sinus was found extending from the superior wall of the meatus, backward and inward to a cavity in the cancellated structure of the mastoid. The roof of this was gone, leaving direct communication with the cerebral tissues. The purulent discharge from the ear had come through this channel entirely, as the membrane was intact. Politzer describes the case of a girl 21 years old, with suppurative otitis following scarlatina in childhood. She was on her feet till the day she died. The autopsy showed a fissure in the roof of the tympanic cavity *not carious*, from which a sinus extended through the dura mater communicating directly with an abscess in the temporal lobe, the size of a hen's egg. She was taken with sudden rigors, temperature 40.2° C., general convulsions, inertia of the pupils, rigidity of the neck, eyes turned inward and upward, pulse threadlike and irregular, stupor and death in $7\frac{1}{2}$ hours.

These three cases illustrate very perfectly the first subdivision as to how a fatal issue may arise from the direct connection of the purulent process in the middle ear with the

brain, by continuity of tissue, the slight bony barriers being either broken down by caries, or, as in Politzer's case, by an ossification defect.

In his second subdivision, viz., as to the extension of the disease by involving the sinuses, he says: "the most frequently affected is the transverse sinus, to the inner side of the mastoid process, the superior petrosal, and the cavernous sinuses, and, in destruction of the lower wall of the tympanic cavity, especially if there is already a fissure in existence there, the *bulbus venæ jugularis interna*." An affection of the venous sinus is induced either by the direct contact of a carious or necrosed part of the temporal bone with the coat of the vein adjoining it, or not infrequently without perceptible alteration in the state of the bone. A case coming under this head was reported by Dr. Houghton in the *New York Journal of Homœopathy* for March, 1873. The autopsy showed the temporal bone to be carious to a considerable extent toward the mastoid cells, about the inner and upper walls, and floor of the tympanum. The suppurative inflammation had involved the internal jugular vein by direct continuity, and the resulting phlebitis had ended in death.

Two cases given by Politzer are as follows: The first case, male, 30 years of age, suppuration since childhood, of right middle ear. Ill three weeks. Post-mortem: caries right petrous bone with rupture into sigmoid sinus. Thrombosis right transverse sinus, both carotid sinuses, and circular sinus of Ridley, also left cavernous sinus and superior petrosal. Purulent degeneration of the thrombi and inflammation of the walls of above sinuses. Thrombosis of right ophthalmic vein, purulent infiltration of connective tissue of right orbit, and chronic œdema of the pia mater and arachnoid. The second case was a woman, 25 years old, with previous history of middle-ear disease, sick three weeks. Thrombo-phlebitis of left transverse sinus and of jugular veins, and basilar meningitis. Both ophthalmic veins were involved in the phlebitis.

In the third subdivision, we meet a much rarer form of death. In the *A. für O.*, vol. xviii., is an account of several cases. Thirteen have been described. The method of its occurrence is as follows, according to Politzer: The portion of the anterior wall adjoining the carotid artery in every case has been defective or carious to a certain extent. The carotid arterial wall being bathed in pus, inflammatory softening occurs, and in time the impact of the blood-wave against it causes it

to give way. Occasionally a sequestrum may wear a hole through the side of the vessel. The duration of the purulent disease varied from seven to eleven years. The diagnosis of this disaster is, of course, by the hæmorrhage, which is profuse (but not necessarily in gushes), its bright red color, and cessation on compression of the carotid. *Death occurred in every case at intervals varying from first appearance of hæmorrhage, of from five minutes to thirteen days. In three cases besides, ligation of the carotid (common) was resorted to, with death in from three days to four weeks.*

In the above cases, it is seen that in every case death resulted from a direct connection of the suppurating ear with some important structure by continuity of tissue, the natural barriers for the protection of such parts having been broken down by caries resulting from the neglect of the primary ear affection, with the exception of one case where a congenital fissure existed in the bone. In this case, had the ear disease received the attention it demanded, and the suppurative process been controlled, in all probability the case would not have been presented to you as illustrative to-day.

We next proceed to the second general division, viz., how death may occur *without* the bursting of pus into the cranial cavity, and in one of the instances, I shall relate how even recovery was accomplished in a desperate case by judicious treatment in the hands of a master. The first one, in Newark, N. J., is reported by Dr. Kipp in Knapp's *Archiv. Otol.*, vol. viii., p. 151.

Patrick F.—23—suppuration for a year. Presented himself June 10th, with statement of intense pain in ear, followed by its extension over entire right side of head. Varying symptoms increasing in severity, with evidence of brain complications, optic neuritis, coma, and death on July 4th.

Autopsy: "On removing brain from skull, a large quantity of very fetid pus escaped from under surface of right temporal lobe. Examination showed abscess the size of hen's egg. There was *no pus* between dura mater and bone. The entire lateral sinus was filled with an organized reddish thrombus, in the center of which was pus. Where the pus was found, was an opening about 5 inches in diameter in the sinus wall.

The temporal bone was examined after maceration, and no abnormal opening was discovered. It was, however, somewhat discolored at the points corresponding to the roof of the tympanic cavity and mastoid antrum, and there was a central caries in the mastoid process. The account concludes thus:

"With regard to the channels through which the disease extended from the temporal bone to the brain, and to the sinus, I am unable to give any positive information, but as the inner surface of the temporal bone was at no place carious, it seems probable that the inflammation extended along the *vessels* from the mastoid cells to the sinus, and from the middle ear to the brain. Had the patient fallen into competent hands at an earlier day, the otitis could probably have been diverted and the intracranial disorders prevented." I should have remarked that in this case, profuse suppuration continued to the very day of death, and the cerebral lesion was *not due* to an arrest or obstruction of the discharge.

Three other very interesting cases of similar character are reported in this article, two of which recovered and one died, but as they fall under previously considered headings, I will omit them.

The other illustration under this division was reported, *in extenso*, by Dr. Wieden in Knapp's *Arch. O. and O.*, vol. iv., p. 52. It is of extraordinary interest, but its great length prevents its transcription in detail. A brief summary is as follows:

There was *no suppuration*, but the case commenced, on the night of November 27th, as an attack of acute middle-ear catarrh of the right side, induced by exposure during intoxication. The first complication was an osteitis of the mastoid, the second an osteophlebitis, thence through the diploë to contiguous vessels of the dura mater, and thence to the transverse sinus. This attack yielded to prompt treatment, and the patient was nearly well in four days.

In the fifth day, however (December 1st), he underwent an exposure by driving to the R.R. station in severe weather. On December 2d, the inflammation of the cerebral sinuses returned with increased violence, with most threatening cerebral symptoms and very violent general symptoms, lasting five days, as follows: Violent fever with frequent rigors (three or four attacks by day and as many by night), continual nausea with very frequent vomiting, violent headache, giddiness, tinnitus, great weakness, apathy, somnolence, delirium, general disturbance of sensibility and motility (hyperæsthesia and anæsthesia), clonic spasms, contractures of the head, neck and extremities, affecting chiefly the right side, epileptiform convulsions, disturbances of sight, hearing, etc. These manifold symptoms are all explained by the rapid spread of the inflammation of the sinuses, from the right transverse sinus to the others, whose successive implication could be distinctly traced from day to

day, from point to point. The phlebitic process spread from the right transverse sinus thus: December 3d, downwards to the right internal jugular vein. December 4th, upwards to the superior longitudinal sinus, thence, December 5th, to the other side of the head, to the left transverse sinus and the left internal jugular vein. On the 7th to the base of the brain, the right cavernous sinus. This patient recovered entirely, not a functional disturbance resulting, nor a single ill consequence. The study and analysis of these symptoms is intensely interesting, but foreign to this paper. Why I have detailed it is that *this violent illness arose from a simple earache*, brought on by exposure while drunk.

I will not weary your patience further by the citation of cases drawn from the literature to which every one has access, having selected these only for two reasons, first to show that it is a very possible thing for an affection, considered of little importance, to rapidly assume a dangerous phase, and secondly, to show how and why it may do so. I could cite numerous cases which have come under my own observation, especially this last winter, where only the most energetic and careful measures have saved the patients from death. The foregoing cases have been selected, as they are typical and show the course of a disease just as the books have it. To find them so perfectly following out the features as laid down in text-books is, however, not common. The majority of cases are not so distinctly defined, though of an equally severe and dangerous character.

In a case that came under my care last winter, the suppuration had involved in a carious process all of the squamous portion of the temporal bone, leaving entirely free the mastoid, which is by far the most commonly affected. Symptoms of meningitis and collapse were manifested, but the patient pulled through.

In another case there was great infiltration throughout the mastoid portion, involving the muscular and cellular tissue way down the neck. No fluctuation could be detected, nevertheless an incision was made about an inch in length down to the mastoid, the tissue cutting like cartilage with almost no bleeding. No pus was found. A lead tent was inserted, and the wound syringed daily with a solution of Merc. corrosivus. In a day or two the injection passed from the wound through the middle ear and out of the external meatus, showing that a sinus existed in the mastoid. Unless relieved in the manner indicated, this patient would probably have died.

Another case which I, unfortunately, was not able to conclude the treatment of (the child's mother believing he had the pneumonia, thus so differing in diagnosis from myself that my dismissal resulted), presented every symptom of meningitis. I do not know whether he lived or died, but the chances were greatly in favor of the latter issue, under any circumstances. This case was the result of a common suppuration aggravated by an exposure during some of the inclement weather of last winter. There are many other instances I could bring to your notice, but I have related enough for my purpose.

Now I believe every paper presented for the consideration of physicians should have a practical bearing, and you will allow me to summarize what I consider the practical points in this.

First. A suppuration of the middle ear is always fraught with dangerous possibilities.

Secondly. It is a radical error and many times a fatal one to say or believe it will cure itself, or, it is of no importance.

Thirdly. That the younger the patient, the greater the ease with which it passes from a local affection to one involving life, and I may also say the greater ease with which it is controlled.

Fourthly. That a practitioner fails in his duty, and is unmindful of the trust reposed in him, if he neglects to impress upon his patients the importance of attending to these cases.

I have not taken up at all the consideration of the importance of this class of cases with reference to the restoration or preservation of function. That is a matter of no slight moment, but the literature is full of articles bearing upon that point, while it seemed to me that its more serious aspect in relation to life itself, was comparatively neglected. Neither do I take up the treatment of these cases. The physician anxious to learn has abundant material at his command.

ON ALBUMINURIA.*

BY SIR ANDREW CLARK, BART., M.D.

(Read before the British Medical Association.)

ON this occasion, it is not my intention to deal with the complex problems raised by questions concerning that disturbance of physiological conditions which issues in the appearance of albumen in the urine. I shall confine myself to a

* From the British Medical Journal, August 16th, 1884.

much humbler task; and, regarding the subject from a merely clinical standpoint, and avoiding those aspects of it which have been already much discussed, I shall pass beyond empirical experience no farther than may be necessary to make plain a few of the problems ripening for physiological pathology to solve.

In all preceding discussions about albuminuria, the speakers seem to me, if I am not in error, to deal with the presence of albumen in the urine as if it were of renal origin; or, at any rate, they neither sufficiently distinguish renal from non-renal albuminuria, nor explicitly set forth, if they are known, the grounds of discriminating between them.

To avoid confusion in the course of the discussion, it would, therefore, seem necessary to recognize the existence of non-renal albuminuria, to specify in cases of this sort the sources of the albumen, and to set forth, so far as our present knowledge will permit, the means whereby renal may be distinguished from non-renal albuminuria.

In a good many women, for a few days before and for a few days after menstruation, the urine, free from blood-discs, leucocytes, or pus, contains, sometimes continuously, sometimes intermittently, small quantities of albumen. In women guilty of habits of secret personal impurity, a serous fluid is sometimes secreted into the vagina; and afterwards, mixing with the urine, is found therein, responding in the usual manner to the tests for serum-albumen.

In some young men, excited by sexual desire and denying it indulgence, there is secreted from the urethra or its adjacent glands a fluid which, mixing with the urine, yields, to the application of the ordinary tests, evidence of the presence of serum-albumen.

In eczema of the bladder, in the early stages of villous tumor, and in the venous congestions of aged men, albumen transudes into the vesical cavity, mixes with the urine, and may be readily mistaken for albumen of renal origin.

In the case of the late E. D., about whom I was consulted for renal disease, the albumen in the urine was proved to be independent of renal disorder, and to have its origin in a small delicate villous tumor of the bladder.

I am sure that illustrations of non-renal albuminuria could be added to by others present at the discussion better than by me; but I have adduced from my own experience a number of examples, sufficient to warrant further investigation, and to justify me in bringing the subject to the notice of the section.

And now arises the question : In what way can we distinguish the non-renal from the renal albumen ? I suppose that we shall be very near the truth if, in a given case of albuminous urine, where there are no constitutional evidences of renal disease, where the urine is of normal constitution *plus* albumen, and where some local cause adequate to its production exists, we say that the albumen is non-renal. But we shall not be certain. For any one of the specified local causes may exist without albumen necessarily passing into the urine ; and the kidney may yield albumen to the urine without any material alteration of that secretion. In such possible, but rare, cases, one must critically watch the state of the constitution, which rarely fails to give early information of renal degeneration.

Of the non-renal forms of albuminuria occurring in leucorrhœa, cystitis, catarrh of the ureters, and other affections in which histological elements are always present in the urine, it may be said that their diagnosis is attended with no serious difficulty ; but, in such cases, one may easily forget that the existence of an albumen of non-renal does not exclude the existence of an albumen of renal origin ; and, indeed, that not unfrequently they concur.

I pass now to the subject of cases of renal albuminuria, and divide them provisionally into those of functional and those of structural origin. So much has been already said, and so much will be again said, at the meeting concerning structural albuminuria, that I will leave its discussion entirely in the hands of others more competent, and also more eager, to deal with it than I am. For, to say the truth, I think that, in the present state of knowledge, the discussion of structural is of less interest and of less importance than the discussion of functional albuminuria, to which I shall confine the few observations I have to offer.

To the use of the term "functional," many general and some just objections will be raised. It will be urged that every lesion of function must have its correlative lesion of structure ; and that, to use any term which appears to deny this fact, or fails to give it at least implicit recognition, is at variance with the principles of science, and constitutes a backward instead of a forward movement in knowledge. To the logical coherency and force of this argument, I make no objection ; but I contend, as often before I have contended, that mere logical integrity is not, in such matters, the final test or measure of truth, which, in the present state of knowledge,

can sometimes be reached only along lines which seem, as we understand them at present, to be illogical. And in no way could this paradox be better illustrated, or more strongly enforced, than by a critical study of what is called functional albuminuria. It is, I venture to say, certain that, in the kidney giving rise to albumen in the urine, there occur states—mechanical, physical, chemical, and, in a provisional sense, vital—which are neither tangible nor visible, which not only cannot be estimated, but are even, by the most delicate instruments of research, incapable of recognition; states which may often come and go, disordering function and disturbing health, and yet leave no abiding marks of their presence and actions. Such states are different in manifold ways from organic states, and must be so named as to insure recognition of their fundamental differences. For this is not all that has to be said concerning these functional states. We are so much concerned with anatomical changes; we have given so much time to their evolutions, differentiations, and relations; we are so much dominated by the idea that, in dealing with them, we are dealing with disease in itself, that we have overlooked the fundamental truth, that these anatomical changes are but secondary, and sometimes the least important, expressions or manifestations of states which underlie them. It is to these dynamic states that our thoughts and inquiries should be turned; they precede, underlie, and originate structural changes; they determine their character, course, and issues; in them is the secret of disease; and, if our control of it is ever to become greater and better, it is upon them that our experiments must be made.

I say, therefore, that those functional affections of the kidneys, attended by the presence of albumen in the urine, are of the utmost importance to the better understanding of organic disease, and deserve a more prolonged and critical study than they have yet received.

Of the forms of functional albuminuria with which I am practically acquainted, I shall mention four as worthy of further consideration. They are the nervous, the oxaluric, the hepatic, and the gouty. I leave on one side the functional albuminuria of cold, and the various forms of peptonuria connected with indigestion.

The first two forms occur chiefly among adolescents; the latter two are found for the most part among elderly people.

I am as sure as I can be about anything incapable of demonstration, that all strain of nervous system, especially under

emotional excitement, is capable of producing functional albuminuria. Among twenty men entering a competitive examination, no one is albuminuric; at the close of the examination, lasting a week, three are found to have albumen in the urine. A gouty man with moderately healthy urine attends a political meeting, and delivers an exciting speech. Soon afterwards, a little albumen is found in the urine; but in a day or two it disappears. In a fortnight, he delivers another speech in circumstances of great excitement, and the albumen reappears in the urine.

The most numerous illustrations which I have met of functional albuminuria have occurred in young men aged from eighteen to thirty, whose urine was of high density, and loaded with oxalate of lime. To put the matter in another way, I have not very often followed carefully a case of "oxaluria" with high density and an excess of urea, without finding sooner or later traces of albumen in the urine. This is by far the most interesting and instructive of cases, and I regret that the time allotted to such communications as this will not permit me to consider them in detail.

Illustrations of the hepatic group occur for the most part in middle-aged men. There is congestive enlargement of the liver with catarrh; the portal system becomes loaded; the skin is dry and icteric; and then, without any appreciable change in the urine beyond the presence of a little bile, albumen appears in it. With the subsidence of the hepatic trouble, the albumen disappears from the urine.

Temporary albuminuria in gouty persons whose kidneys are as yet structurally unaffected is common enough in certain conditions. When the balance between ingoing and outgoing is disturbed, when the blood becomes loaded with excrementitious stuffs, when there is increasing vascular tension, with restlessness, feverishness, dry skin, and headache, then, as a common rule, traces of albumen appear in the urine.

ETIOLOGY AND TREATMENT OF ALBUMINURIA.*

BY W. R. THOMAS, M.D., M.R.C.P.

(Read before the British Medical Association.)

I BELIEVE that all, or, at all events, nearly all the cases of Bright's disease that we meet with, whether acute or chronic, are brought on by the excessive work which the kidneys have

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to perform. Here we meet with a case which has followed scarlet fever, and there another brought on by cold; but, in all cases, I believe the actual cause is the vast amount of matter which has to be excreted by these organs.

We find that acute albuminuria is generally brought on by or follows some acute disease, as, for instance, scarlet fever, erysipelas, etc. Now, we know that whenever there is fever, there is a vast amount of waste going on, and a good deal of effete material, which I need not name, has to be thrown off. In every case of fever or acute disease, the urine is invariably of a high specific gravity; the quantity of solids excreted by the kidneys in twenty-four hours is always very much increased, evident proof that excessive work has to be performed by them. I believe that it is the excessive work which is thrown upon them suddenly which is the cause of acute inflammation.

Cold.—A severe cold also, by suddenly putting a stop to the action of the skin, very frequently brings on an acute attack in the same way. We know very well that the skin and kidneys are functionally nearly mated, and that when excessive work has to be performed by the one, a diminished amount has to be done by the other. We frequently find that, during the course of these fevers, not only have we the high specific gravity and the presence of a large quantity of salts, but also albumen. I have over and over again examined the urine when patients have come to me who have caught severe cold, and have generally found the same excess of salts and often, too, albumen. Chronic Bright's disease is generally produced, I believe, by a combination of the several causes. For the present I shall, with your permission, consider each cause separately.

Alcoholism.—I believe alcoholism has more to do with the production of Bright's disease than we give it credit for. I do not mean the taking of alcohol in large quantities, but that constant and regular taking of it which is such a common custom. We so frequently meet with Bright's disease amongst very steady hard-working men among all classes, that we are apt to lose sight of the fact. Because no excess has ever been noticed on the part of the patient, we close our eyes to the fact that many such steady-going men drink their two or three glasses of whiskey at night, their two glasses of sherry for luncheon, and two more perhaps for dinner. In addition to this, they sometimes take more during the course of the day, especially if they are business men. There are many men

who can take their six glasses of something a day for years—yes, for a lifetime—without appearing to suffer in any way, thanks to the healthy organs which have been given to them, and which are, day by day, working hard to throw this off; but generally the day of reckoning comes sooner or later, often rather late in life. If we see such patients early for other ailments, we find that they complain of a desire to get up in the night to micturate, and alcohol may often be found in the urine. This desire I have always found a valuable premonitory symptom, present when hardly any others were; and whenever I have found it, I have generally examined the urine, and found frequently albumen also; but the appearance of the latter is generally intermittent, dependent, I believe, upon the taking in of a more than usual quantity of alcohol the day before. These patients complain of frontal headache, confusion of intellect, and feeling of fulness in the head. The sight is impaired. They have a catarrhal condition of the pharynx, larynx, and nose, and are constantly hawking and perhaps coughing. They also have symptoms of dyspepsia, such as flatulence and sickness.

I do not think that we, as medical men, sufficiently acknowledge or believe the fact that the regular drinking of alcohol in what is considered small quantities, two or three times a day, by steady men, tends to produce this disease in the perhaps far future. I have taken particular notice of these cases for twenty years, and firmly believe that this is a most important cause. Many of these patients, probably the majority, have been hard-working and steady men, but for twenty or thirty years they have been in the habit of taking what they have considered a moderate amount of stimulants. They have never felt the slightest inconvenience while actively engaged in business, but now the time has come for them to stand aside and let other and younger men, their sons, perhaps, do the work they used to do; they partly or entirely give up working, but they continue to take the same amount of stimulants as before. The result is that they suffer, their kidneys become blocked up, and dropsy at last supervenes. I often think we are not plain-spoken enough with such patients. Finding that these men evidently enjoy their glass and their cigar, knowing well that they have worked hard for many years, we hardly, out of pity, like to deprive them of these little pleasures, and so we allow them to court death slowly and surely. I think it is our duty, in such cases, to explain most explicitly how this habit is acting injuriously; and often

I have found that, when I have honestly told the patient the danger he is in, I have got him to give it up.

These men are frequently the most intelligent with whom we ever come into contact; great thinkers and writers who work themselves to death, and then take a little stimulant when weary. They think, they smoke, they drink, and take no exercise, and, of course, the result must be premature death from some disease. The excessive mental work, with its consequent excessive excretion of phosphates, and the taking in of alcohol, assisted day by day by the depressing poison nicotine, tell their tale. We find that not only renal disease comes on, but also there is early decay of mental powers.

Mental Worry and Overwork.—There are other great causes which tend to produce a large number of these cases, and these are mental worry and overwork. How often we find this disease attacks the man of business, who has for years been struggling hard with fate, and has at last been unsuccessful; the professional man whose cares and pecuniary difficulties, be he lawyer or doctor, have steadily told upon his health for years; or the widow left in genteel poverty with a number of children to bring up, and but little wherewith to do that. If we, as we walk through the world, think of this fact, we shall find, if we carefully examine such cases long before evident symptoms show themselves, that the urine is daily loaded with phosphates, the products of mental waste from worry and care, and with oxalates from dyspepsia. We invariably find that, when such products are found in the urine regularly, certain symptoms are complained of, as headache, dyspepsia, irritability, frequent micturition, showing plainly the state of affairs. According to my experience, mental worry or overwork is, if long continued, nearly always accompanied by the presence of some or all the materials I have mentioned in the urine, by some of the symptoms I have mentioned, with others I have not named, and followed by albuminuria with its accompaniments, unless the patient is carried off by other complaints. When we meet with such cases, it is, I believe, our duty to speak out and tell the patient what the actual cause of the disease is, and to remove that cause if possible; if need be, to call in the aid of the family legal adviser or of a trusted friend to recommend a remedy; to do anything to cure our patient. If we do this, we shall often have the satisfaction of finding our patient recover, surrounded perhaps by fewer of the luxuries of the past, but irritated not at all by the anxieties which in the past, for years,

had rendered life miserable. I believe, in these cases, the ascertaining and the removal of the cause to be of far more importance than the medicinal treatment, which by itself is of little avail.

Excessive Eating.—I have seen many cases of albuminuria where I believe excessive eating has had much to do with the production of the disease. Such men are strong, florid, corpulent men. They drink a good deal, but some are abstemious. The urine is generally found full of urates month after month and year after year. At last albumen appears, and all the ordinary symptoms of Bright's disease follow. I have in my time treated a large number of such cases, where I believe the treatment recommended has warded off the disease; and other cases I have seen go from bad to worse.

Skin.—Among the lower classes, owing to the absence of a bath in the house, I find that the skin is an organ sadly neglected. In hospital practice, when patients have to strip for examination, we seldom meet with the skin in a presentable state. The pores are generally completely blocked up. If the urine be examined, we find that it is loaded with salts, and of high specific gravity; but if the skin be well sponged on alternate days, even for a fortnight, while the patient is under observation, a great difference will be seen in the specific gravity. I believe that want of cleanliness amongst the poorer classes is a great factor in the production of this disease. The kidneys have to excrete more than what they were ever intended to do, and that for a number of years. We all know how we feel the loss of our morning-bath if, from some cause, we are prevented from having one. It is not the shock alone which does the good, but the throwing off by the skin what tends to injure if allowed to remain in the system. Patients have an impression that, unless they can have a bath, it is impossible to keep the skin clean; yet every workingman and woman may enjoy the luxury of having an unblocked and secreting skin. Daily rapid sponging every morning in the bedroom, or, if the patient be delicate, in front of a kitchen fire, followed by a good rub all over with a rough towel, is as efficacious a method of removing the dirt as any man need practice, and places the workingman, as far as a bath is concerned, on an equality with the nobleman. Let any man try it for a month, and then he will find that he will not feel inclined to go without it, but will look upon it as a luxury.

Lead.—Patients who have much to do with lead are very apt to suffer, as we all know, from Bright's disease. If the urine is examined, lead will be found in it. The kidneys have

to excrete a large quantity of lead every day, in addition to the ordinary constituents of urine. They are willing organs, which perform their work efficiently for years, but at last fail. In such cases treatment, without removal of the cause, is of but little avail.

Gout.—Gouty patients seem to be apt to suffer from this disease. Here, we find again that the kidneys have a large quantity of salts to excrete day after day, whether the disease be hereditary or brought on by self-indulgence, it matters not much; the effect is the same. The kidneys are called upon to do excessive work. These patients tell us that their urine has had abundant sediment for years, more noticeable in winter than in summer. In such cases, if we take care that the diet is not too liberal, that stimulants are not taken to excess, that all the organs are attended to and aided by remedies if required, and that plenty of exercise be taken, we do much to prevent Bright's disease from coming on.

Treatment of Acute Cases.—If we keep in mind that the disease has been produced by this excessive work, we shall naturally try to relieve the kidneys as much as possible. We should take care that the skin is kept warm and clean, that its action should be increased, if necessary, by warm or vapor-baths. The bowels should be kept open daily. Only a sufficient quantity of food should be given, or the kidneys will have too much work to do.

Treatment of Chronic Cases.—I believe that, if we can ascertain what the cause of the disease is, we do much towards the cure. We should, I think, see that excess of food or drink is not taken, that the mind is not worried or overworked, that the skin and other organs are acting properly, that the kidneys are not compelled to do excessive work; that, if there be hereditary disposition to gout, excessive care be taken with regard to diet; that any organs which may be inefficient in their functions be assisted by remedies, if possible; that, above all, the skin be kept warm and clean by proper clothing and sponging; that the general health be improved by exercise, proper diet, regular hours, and remedies which may be called for by the state of the patient, such as iron, the several tonics, antacids, etc.

UNUSUAL MANIFESTATIONS OF MALARIA.

BY JAMES KITCHEN, M.D., PHILADELPHIA, PA.

IN the September number of the *HAHNEMANNIAN*, a paper by Dr. Bartlett, in which the sweating stage of fever was re-

placed by cholera symptoms, brings to my recollection a case similar in many respects, in which the third or sweating stage fell upon the uterus instead of the bowels.

A lady, over forty, was troubled with uterine hæmorrhage. I examined her and found no organic disease of the womb or appendages. I gave her a variety of medicines with but partial benefit, China 1x seeming to exert some influence over the discharge. After attending upwards of a week, I made some further inquiry, and found that she was worse every other day. She would go to bed much relieved, and would awake about three o'clock with a cold, chilly feeling, followed in an hour or two by slight fever, and ending with an increase of uterine hæmorrhage, and attended with some clots at first; the discharge would diminish gradually until the next tertian period, and then go over the same course. I also found that she had been at Harrisburg for three weeks, a famous malarial district, and, no doubt, had there been assaulted by that undiscovered fiend, malaria, which walketh up and down upon the earth seeking whom he may devour. Upon the knowledge of these facts I gave Dextro-Quinine gr. ij. every two hours, which put an end to the difficulty in a few days. Other physicians, no doubt, have met with similar cases, which have not been recorded; and in all cases of disease where there is an intermittent action, Cinchona and Arsenicum are of benefit. This is especially the case in neuralgic affections, which I have invariably cured by Arsenicum during the interval, and Belladonna during the attack.

Many years ago, in the by-gone days of my practice, when malaria was rife in Delaware and Maryland, I used to meet with many deplorable cases from those sections of country; they would come up to Philadelphia for change of air and advice, in an excessively malarious condition, very deplorable to look at, after taking bushels of Quinine and Arsenic. In these cases, Natrum muriaticum was the remedy in chief; it was wonderful in its action, almost in every case curable. Within the last twenty or thirty years those districts of country are much more healthy than formerly. I asked a resident from the eastern shore of Maryland how he accounted for the change, he said no doubt the cultivation of the land had something to do with it, but he thought the chief factor was the use of guano as a fertilizer; this brings to my recollection the fact of a vessel coming from one of the Guano Islands of the coast of South America bound to New York having put into the Island of St. Thomas to refit, after having lost spars in a

severe hurricane. At the time there was a fatal epidemic of yellow fever prevailing, and though every vessel in the harbor was losing portions of their crews, this guano vessel lay there three weeks totally exempt from a single case. In reference to guano, I see it mentioned somewhere, that ostlers and persons engaged about stables are very exempt from attacks of cholera. Can the above cases be explained by the old adage of "Ubi morbus, ibi fluxus"? The mucous membranes of the stomach and bowels in one case, and of the uterus in the other, may have been in a morbid condition, and hence the effects that followed.

Miscellaneous Contributions.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY E. M. HOWARD, M.D., SECRETARY.

THE regular quarterly meeting was held in Camden on the 20th of August. There was a somewhat larger attendance than usual, and the session was one of unusual interest. The report of the Secretary showed a membership of 37, and the Treasurer's report, a balance in the treasury of \$27.26. Dr. C. H. Hubbard of Millville, N. J., was elected a member. After passing a vote remitting all dues previous to 1883, the society listened to the fifth inaugural address of the President, M. B. Tuller, who took this occasion to urge certain reforms in the management of the society. These matters were referred to a special committee to report at the November meeting.

Dr. E. M. Howard, of Camden, then read a report from the bureau of Sanitary Science, entitled, "Some remarks concerning the cholera epidemic." In this paper, attention was called to the fact that while boards of health were doing all that was possible for general sanitation, there is no way by which people can be compelled to keep the inside of their houses clean. The writer said that there was far greater danger from the inside filth in dirty homes than from outside nuisances. The paper then called attention to the need for public education on the first principles of hygiene and personal cleanliness, and cited cases to show the lack of it among our people. The paper then proceeded to criticize the circular issued by the Secretary of the New Jersey State Board of Health on cholera, in which all persons who are exposed in any way to *cholera* are advised to take six grains of *Quinia*, six drops of Sulphuric Acid and six drops of Chloride of Iron per day, which

the writer thought to be an extremely unscientific way of preparing the system to resist a disease which attacks primarily the digestive organs. The paper also criticized the cholera mixtures recommended by the same writer, and advised the use of proper homœopathic remedies for the cure of the first symptoms of looseness of the bowels in cholera times. (This paper was published in full in the *Camden Post*, August 22, 1884.)

DISCUSSION.—Dr. Shield mentioned the fact, that, when cholera came to Bridgeton last, it broke out in the healthiest part of the town among cleanly people. Dr. Tuller, of Woodbury, said that he believed with the writer that local boards of health ought to have the power of entering dwellings under proper restrictions, and compelling occupants to keep their houses clean. Dr. McGeorge deprecated the fact that in all epidemics, proper sanitary inspection was neglected until the disease breaks out, when it is too late.

The society then listened to seven papers upon Bright's disease: its "Causes," by M. B. Tuller, M.D., of Woodbury; its "Pathology and Urinary Analysis," by E. M. Howard, M.D., of Camden; its "Course and Symptoms," by S. H. Quint, M.D., of Camden; its "Diagnosis and Complications," by J. G. Streets, M.D., of Bridgeton; its "Prognosis," by A. E. Griffith, M.D., of Camden; its "Treatment," by W. McGeorge, M.D., of Woodbury; "Report of a Case of Post-Scarlatinal, Parenchymatous Nephritis," by Dr. F. E. Williams, of Haddonfield.

DISCUSSION.—The discussion turned principally upon the course of the disease. Dr. Streets did not believe that heart disease (mentioned as one of the causes by Dr. Tuller) was ever a cause, though frequently a result of Bright's disease.

Dr. McGeorge said that he believed beer drinking to be a very common cause, and mentioned the fact that a western coöperative life insurance association had been obliged to go under, because of deaths from Bright's disease attributed largely to this cause.

Dr. Streets doubted that beer drinking was ever a cause. He had seen a large number of cases, and most of them had occurred in temperate persons, largely women. He believed that excesses in eating might predispose to kidney affections, but that his experience would seem to prove that *mental worry* was the principal cause. All of his cases had developed after marked mental strain. J. P. Cheeseman and others agreed with Dr. Streets on this point.

Dr. McGeorge called attention to what he believed to be another frequent cause of this trouble, and that was the use of large quantities of crude drugs by physicians of both schools. He believed that (for instance) Arsenicum, given in the 1^x and 2^x, for heart affections was a frequent cause of serious kidney lesion. He thought that it was dangerous to give Arsenicum any length of time, and would not advise its use below the 30th.

He also believed that the universal custom of wearing plasters upon the back for every trivial pain, was a frequent cause of kidney trouble.

THIRTY-THIRD SEMI-ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE semi-annual meeting of this Society was opened in Binghamton, N. Y., September 9th, 1884. After the meeting had been called to order by Dr. E. S. Coburn, of Troy, Dr. J. L. Moffatt, of Brooklyn, was chosen Secretary. Prayer was offered by Rev. Samuel Dunham, of the West Presbyterian church; and Dr. T. L. Brown, in behalf of his brother physicians of Binghamton, delivered an address of welcome, which was responded to by President Coburn.

During the session, interesting papers were read by Dr. Chapin, of Brooklyn, on "Sore Throat;" Dr. Latimer, of Brooklyn, on "Erysipelas;" Dr. Millspaugh, of Binghamton, on "Tobacco;" Dr. C. P. Hart, of Wyoming, on "Puerperal Melancholia;" Dr. A. P. Williamson, of Middletown, on "Loss of Memory;" Dr. A. P. Kinney, on "Salient Features in Labor Cases Among the Insane;" Dr. I. J. Fulton, of Norwich, on "Case of Meningeal Abscess;" Dr. S. H. Talcott, of the Middletown Asylum, on "Enforced Rest in the Treatment of Mental and Nervous Disorders."

After the paper of Dr. Talcott, the Society adjourned for the purpose of visiting the Binghamton Asylum for the Insane.

At the evening session the regular programme was set aside, and the interests of the Middletown Asylum were considered. Dr. Paine, of Albany, in discussing the subject, delivered some earnest remarks in support of the following resolutions:

WHEREAS, Various amounts required by the Middletown and Binghamton asylums, in order to promote the usefulness and increase the efficiency of these institutions, which sums were urgently recommended and deemed greatly needed by the trustees of said asylums, have been denied and the appropriations thereof prevented by the State Board of Charities, for reasons which in the opinion of this Society are wholly unjustifiable; and

WHEREAS, While fully recognizing the importance of maintaining suitable checks and safeguards as well as wise supervision of all public institutions, we are justified in protesting against that which plainly interferes with the interest of humanity, and is not characterized by a breadth of *sense* and liberality of principles, which should control the management of such associations: therefore,

Resolved, That a special committee of this Society be appointed to coöperate with the Board of Trustees of the Middletown Asylum for the purpose of securing during the coming winter such appropriations as may be necessary for the proper care and protection of the inmates of said asylums.

The resolution was carried. The Society then adjourned to meet again on the following morning.

Second day. The Society was called to order at 9 A.M. by the President. The following papers were then presented: "The Treatment of Lithiasis by Colocynth," by Dr. Bayliss, of Utica; "A Case of Facial Spasm yielding to Lachesis;" "The Neurasthenic Symptoms of Physostygma," by Dr. F. F. Laird; "Post-Partum Hemorrhage," by Dr. C. J. Hill; "Three Consecutive Abnormal Labors in one Patient," by Dr. J. M. Lee, of Rochester; "A Clinical Review of Obstetric Cases," by Mrs. Dr. C. S. Lozier, of New York; "On Rigid Os," by Dr. Deutcher, of Oswego.

As the time was rapidly passing, the bureaus of Otolggy, Ophthalmology, Pædology, Gynecology, Laryngology, Histology, Climatology and Vital Statistics, containing many very valuable papers, were unavoidably hurried through, much to the regret of the large attendance of physicians.

This thirty-third semi-annual meeting was one of the most fully attended and interesting ever held by the Society, and a motion was carried to extend its duration hereafter to five days.

A vote of thanks was tendered to the Broome County Society for their hospitality, and to the county officials for the use of the court-room.

The Society then adjourned until February 10th and 11th, 1885, at Albany.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA—TWENTIETH ANNUAL SESSION.

(Reported by the Contributing Editor.)

THE Homœopathic Medical Society of Pennsylvania opened its twentieth annual session in the chapel of the Homœopathic Hospital of Pittsburgh, September 16th, 1884. Rev. Dr. Cavan offered the opening prayer, after which Dr. Bingaman gave a brief address of welcome. To this, Dr. E. A. Far-

rington, in the absence of the Vice-President, responded in behalf of the visiting members.

The annual address of the President was noteworthy for reasonableness in length and for good sound suggestions. It elicited a well-merited vote of thanks from the Society.

Following the order of business, reports from various officers, committees, etc., were read, and duly acted upon, and it was nearly noon before the Bureau of Pathology and Pathological Anatomy was called upon to present its report. Only one member of the bureau, however, was on hand, so it was agreed to postpone the report until the evening session.

Next in order came the Bureau of Obstetrics. In the absence of the chairman, Dr. J. C. Guernsey assumed charge. The following papers were read: "Diseases of Mammæ of Females and Their Treatment," by G. E. Gramm, M.D., of Philadelphia; "A Case of Pregnancy, Complicated by Laceration of the Cervix Uteri Extending beyond the Internal Os," by O. T. Huebenor, M.D.; "The Treatment of Female Diseases," by H. N. Guernsey, M.D., of Philadelphia; "Three Factors Essential for Successful Practice before, during, and after Parturition," by J. C. Guernsey, M.D., of Philadelphia.

In the discussion which followed, Dr. JOHN E. JAMES took exception to the position supposed to be held by Dr. Huebenor, that medical treatment was better than surgical for lacerated cervix. The doctor applauded, in no doubtful words, the good effect which Dr. Huebenor's skill secured in the use of Pulsatilla, by which a woman, who had twice miscarried, was afterwards delivered of a living child. Still he believed that, at the proper time, the woman should receive necessary surgical aid.

Dr. J. C. GUERNSEY, in defence, thought that Dr. Huebenor referred only to the time when he was called upon, that is, during the pregnancy of the patient.

Dr. FARRINGTON agreed, in the main, with Dr. J. C. Guernsey on the management of pregnancy. He was confident that homœopaths are not loyal enough to their cause. Too often, they resort to means that endanger the life of the embryo. Homœopathy is not to blame for our shortcomings; still, we all, at times, fail to cure morning sickness. What is then to be done? Shall we accept the enticing advice, which Dr. Guernsey so warmly opposes, and produce premature labor? Rarely, very rarely, if ever, is this necessary. The physician must agree to persevere in his efforts to cure, and the patient must be willing to endure her sufferings, un-

less her life—not merely her comfort—is in danger. If, finally, operative interference seems absolutely unavoidable, it should receive the concurrent assent of at least two consultants.

The report of the Bureau of Clinical Medicine followed next in order. J. K. Lee, M.D., of Johnstown, chairman of the bureau, asked whether he was to read all of the papers and all that was in the papers, or whether some might not be read by title, and others by abstract? A discussion ensued, in which Dr. L. H. WILLARD, with his wonted chivalry, objected to slighting those who had favored the meeting with their literary efforts, and believed time should be taken to do justice to all.

The report consisted of papers as follows: "Tarentula Cubensis in Diphtheria," by W. J. Martin, M.D., of Pittsburgh; "Amyloid Degeneration in Phthisis," by J. C. Morgan, M.D., of Philadelphia; "Clinical Cases, Cured," by J. R. Horner, M.D., of Pittsburgh; "Clinical Results with *Ustilago Maidis*," by F. J. Slough, M.D., of Allentown; "Aconite in Knee Pains," by J. C. Morgan, M.D., of Philadelphia; "Disease of Supra-Renal Capsule and Pancreas," by D. Cowley, M.D., of Pittsburgh; "Convallaria Maialis in Gastralgia," by J. K. Lee, M.D., of Johnstown; "Unilateral Atrophy of Muscles of Mastication," by C. Bartlett, M.D., of Philadelphia; "Diabetes Mellitus," by J. K. Lee, M.D., of Johnstown; "Intermittent and Remittent Fevers," by the Hahnemannian Society of Reading; "Rectal Alimentation," by the Allegheny County Society.

The reading and discussion of these papers consumed the remainder of the morning and part of the afternoon session. The discussion which followed was participated in by Drs. Willard, Caruthers, Van Artsdalen, Cowley, Guernsey, Steele, Boyd and Burgher. The evening session was well attended. By request, the Bureau of Clinical Medicine was reopened, and several papers, that had arrived late, were read and formally received.

The chief work of the evening was the reading of the report of the Bureau of Sanitary Science, which presented the following papers: "Care of Children and Youth in our Public Schools," by E. C. Parsons, M.D., of Meadville; "Beneficial Effects of Sunlight," by J. H. Young, M.D., of Philadelphia; "Some of the Sanitary Conditions that Surround our Homes," by the Chester, Delaware and Montgomery County Society.

The Bureau of Pathology and Pathological Anatomy presented one paper by John C. Morgan, M.D., of Philadelphia,

on "Some Obscure Cases." So closed the first day of the annual meeting.

Before the morning session, and again previous to convening in the afternoon, guests were afforded opportunity to inspect the new hospital which is now fully completed. We have given a full description of this grand edifice in a previous number of the *HAHNEMANNIAN*, and only need add here that a personal examination does not at all lessen our high estimation of it. Convenient, capacious, neatly and even elegantly furnished, perfect in ventilation, we may well call it a complete hospital, creditable to Pittsburgh, and an honor to homœopathy. The chapel, in which we held our meeting, is an exquisite room. The seats are iron, and are arranged in an arc of a circle. The windows are of stained glass, and the walls and ceiling are beautifully decorated. It cost \$1500, and was a contribution from the Allegheny Medical Society.

The morning session, Wednesday, September 17th, was opened by the reading of the report of the Bureau of Surgery, Dr. C. M. Thomas acting as chairman. The following papers were presented: "Hereditary Syphilis," by the Philadelphia County Society; "Excision of the Tibia for Curvature," by L. H. Willard, M.D., of Allegheny; "Surgical Cases," by W. R. Childs, M.D., of Pittsburgh; "Hernia," by W. A. Hassler, M.D., of Allentown; "Treatment of Internal Hæmorrhoids," by C. M. Thomas, M.D., of Philadelphia.

In the discussion that ensued, DR. J. E. JAMES arose to confirm the treatment of crooked bones by operation. He illustrated his position by exhibiting several photographs showing the progress of a case so treated.

DR. BOYD, in managing syphilis, combines medical with suitable hygienic measures. Of the latter, bathing is most important. It helps the remedies.

DR. WILLARD, in treating curvatures, employs the dental engine.

DR. VANARTSDALEN said that in syphilis he finds best success with Merc. jod. cum Kali jod. Hydrastis is also effective.

DR. Z. T. MILLER successfully treated a syphilitic mother, who had twice given birth to diseased offspring. Merc. jod.^{3x} administered regularly enabled her to give birth to a child apparently free from syphilis.

DR. J. E. JAMES arose again to emphasize his recommendation of continuing treatment a year or more after the apparent cessation of syphilis. He desired also to add Iod. of

Ars. to the list of remedies. It is to late stages what Kali jod. is to earlier.

DR. O. D. CHILDS, of Akron, Ohio, who was invited to participate in the discussion, said he depended often upon Lye.³⁰, Nitric acid³⁰ and Kali jod. in syphilis. In one desperate case, he used, by advice, Stillingia and Potas. iod. dissolved to saturation. He gave them until diarrhœa ensued.

For crooked limbs he prefers Calc. phos. and Nitric acid in monthly alternation.

In closing the discussion, DR. THOMAS doubted the curability of infantile syphilis. He urged physicians to use all means to prevent infection from the child—a caution too much neglected. In antero-posterior curvature of the tibia, he removes a wedge-shaped piece of bone; in lateral curvature, he prefers breaking the bones. He has some confidence in the use of auto-transfusion in hemorrhage. He ligates all four limbs. He was much pleased with W. R. Childs's case of malar-bone fracture, in which the doctor had the courage to cut down and elevate the bone, contrary to the usual mode.

The Society was then called upon to listen to the report of the Committee on the President's Address. It was recommended that writers exclude from their papers, as far as possible, all book-culling, that original matter only may be presented for the profit of the Society.

Apropos of the imminence of cholera, it was urged that a separate time be named for the consideration of the preventive and curative treatment of the dread epidemic. The by-law, requiring writers to forward their papers two months before an annual meeting, was amended so as to permit them to present papers at the opening of a meeting. And, further, recognizing the fact that the author of an article is the proper one to present an abstract thereof, the by-law was so amended as to transfer that duty from the chairmen of the respective bureaus to the writers of papers.

The report of the Bureau of Pædology, through the Chairman, Dr. C. Van Artsdalen, of Ashbourne, contained the following papers: "Scarlatinal Sore Throat," by C. S. Middleton, M.D., of Philadelphia; "Gangrene of the Mouth," by S. F. Shannon, M.D., of Sewickley; "Ranula," by M. M. Walker, M.D., of Germantown; "Inflammation and Ulceration of Tongue," by E. S. Sharpless, M.D., of Philadelphia; "Tonsillitis," by Lora C. Jackson, M.D., of Philadelphia; "Stomatitis," by H. M. Bunting, M.D., of Norristown; "Retropharyngeal Abscess," by W. F. Edmundson, M.D., of Pitts-

burgh; "Scarlatina," by the Society of the Twenty-third Ward, Philadelphia; "Rhinitis," by C. Van Artsdalen, M.D., of Ashbourne.

DR. C. S. MIDDLETON, believing in the power of medicines to modify the virulence of zymotic poisons, employs Carbolic acid as the efficient means for such a purpose. He claimed no originality in its use except that he believes he was the first to so use it in variola.

DR. VAN ARTSDALEN claimed, in his elaborate paper on Rhinitis, that in the main, his treatment of catarrhs was based on experience and was not copied from books. He relies on local as well as internal means. Cleansing he very properly regards as very important. He removes all scabs, dry secretions, etc.; washes carefully with water and Castile soap, and then sprays with some disinfectant. A favorite local application with him is a solution of coffee, introduced carefully but thoroughly. Then he fills the cavities with pulverized sugar. Calendula he sometimes employs. In atrophic forms his favorite remedies are: *Sang. nitrate*, lumps are hawked or blown out, little fetor. *Ustilago* locally and internally; similar symptoms to the preceding, but with bitter taste and more fetor. Ergot suffices when there is marked feeling of rawness, and *Tenacium* when green clinkers are discharged. *Eucalyptus* suits the worst cases. It prevents ulcers and scabs.

The afternoon and evening were given up to recreation and sight-seeing.

The Directors of the West Penn Hospital (Old School) extended an invitation to the Society to visit their hospital. The invitation was so cordial and earnest, and withal so unparalleled in the history of medical meetings, that it was received with enthusiasm. The members, at 4 P.M., took the train to Twenty-eighth Street station, where they were met by Directors Nimick, Albree, Phillips, General Sweitzer, and Superintendent Chess. The General welcomed the visitors in a neat, terse speech. In reply, Dr. W. R. Childs said that, in behalf of the Society and of homœopathic physicians everywhere, he was most thankful for the very kind invitation of the Directors. It showed the perfect goodwill that was entertained toward another school of medicine.

In the evening the members of the Society went in a special car, kindly provided by the Pennsylvania Railroad, to visit the Bessemer Steel Works. After their return they partook of a complimentary banquet at the Homœopathic Hospital, tendered by the genial President of the Society. Speeches

were made, and it was a late hour before the assembled friends forced themselves to bring the festivities to an end.

Thursday's session opened with a consideration of cholera. The Chairman appointed Dr. E. A. Farrington to open the discussion. He referred to an essential distinction between so-called germs and the actual causes of diseases. The germs, he thinks, feed upon the poison, and so become vehicles for conveying but not for originating disease. He went considerably into details concerning the hygiene and treatment of cholera.

DR. VAN ARTSDALEN considered that the poison of cholera is allied to that of diphtheria. Both, in the beginning, are relieved by Camphor; both arise from severe gas-poisoning, etc. So he thinks we should look, in an epidemic of the former disease, to remedies known to be useful in the latter.

DR. JOHN E. JAMES had some experience in cholera in 1867. He found that few diseases are provided with so definite and effective a therapy as this affection. Concerning the theories of germs, he believes that we have but little to do with them. He goes so far as to discredit the statements that they are the cause and perpetuators of disease. There is a "something" that produces disease, but he believes we have not yet learned what it actually is.

DR. J. C. GUERNSEY called attention to Hahnemann's instructions to use Copper as a preventive. A plate of the metal may be worn, or, better, Hahnemann's directions to take daily Cuprum¹⁰, may be followed.

DR. E. C. PARSONS added that in 1868, during an epidemic in Chicago, Dr. Hoyne used the copper plates in a large number of cases with unexceptionable success.

DR. RUSH, of Salem, Ohio, suffered himself during the epidemic of 1849. His cure by Dr. Dake was the means of his conversion to homœopathy. He agreed with Dr. Farrington that fear should be banished. He purposed, should an epidemic come, going boldly to work. He did not care to follow the example of a certain doctor who visited his patients by viewing them through a protecting window.

DR. WILLARD advocated the use of the usual remedies, especially Camphor.

DR. W. R. CHILDS said that he noticed, in a lecture by Professor Billroth, that water is *the* preventive remedy of cholera. If the stools of cholera-patients are thoroughly diluted they will be rendered innocuous.

The Society next proceeded to discuss the report of the Bu-

reau of Pædology. Drs. J. E. James and Willard were appointed to open the discussion.

DR. J. E. JAMES, referring to the article on catarrh, objected to local applications as *curative*, though he admitted it is difficult to cure with medicines. He uses topical measures merely for cleanliness.

DR. WILLARD, following, claimed that catarrh is a disease *per se*, even though it seems to begin as a cold. If we will remember this we will be more successful in treatment. As preventive of relapses he suggests a morning cold sponge-bath. Local measures are useful only for cleansing.

DR. C. P. SEIP had treated many cases of catarrh. He has discarded salt water as a topical application. It is useless. Indeed, the longer he practices the more certain he is that local means are not needed. The homœopathic remedy does all that they can do, and more too. He has best succeeded with Sanguinaria, because often homœopathic to the cases.

DR. DINSMORE also believes catarrh is a disease *per se*.

DR. P. H. DUFF, speaking about the prevention of colds, believes that onions, or the prepared Cepa, are excellent for that purpose.

DR. VAN ARTSDALEN, in closing, declared that he does *not* treat catarrh locally. He employs topical measures merely for cleansing. He relies chiefly upon internal medication.

The next report received was that of the Bureau of Materia Medica, which presented the following papers: "Remarks on Defective Provings as Recorded in our Materia Medica," by H. N. Martin, M.D., of Philadelphia; "Purpura Hæmorrhagica as an effect of Rhus. tox.," by R. C. Allen, M.D., of Philadelphia; "Special Therapia: Alumina," by E. Fornais, M.D., of Philadelphia; "Drugs Affecting the Occiput," by the Hahnemann Club, of Philadelphia.

The President appointed Drs. Van Artsdalen and J. C. Guernsey to open the discussion.

DR. VAN ARTSDALEN, referring to the paper on "Drugs Affecting the Occiput," said he uses *Baptisia* where Dr. Farrington employs Petroleum; and further, he gives *Agaricus* when pain runs through to the eyes; and *Bovista* for reflex symptoms from the stomach, with horizontal half-sight, etc.

DR. J. C. GUERNSEY agreed with Dr. Martin, who, in his paper, stated that the provings of Phosphorus, as given in Allen's, are impure. He was well pleased with the whole report of the Bureau. He believed in Coca-tea as a drink to

counteract the effects of alcohol, and also as excellent in brain-fag.

DR. JOHN E. JAMES endorsed Dr. Guernsey's employment of Coca in debility as preferable to Alcohol.

The Bureau of Ophthalmology and Otology reported three papers, as follows: "Congenital Partial Luxation of Both Crystalline Lenses," by W. H. Bigler, M.D., of Philadelphia; "Case of Aural Polypus not Involving the Tympanum," by H. F. Ivins, M.D., of Philadelphia; "Report of Two Cases of Latent Hypermetropia of High Degree," by C. Bartlett, M.D., of Philadelphia.

The report of the Bureau of Gynecology embraced the following papers: "Prophylaxis for Women," by Emma T. Schreiner, M.D., of Philadelphia; "Peculiar Case of Sterility," by Z. T. Miller, M.D., of Pittsburgh; "Fibroid Polypus of Uterus, Complicating Parturition," by C. H. Lee, M.D.

In the case which was the subject of Dr. Miller's paper the uterine cavity opened at the left of the cervix, on a line with the internal os. She menstruated regularly and painlessly. The case with which an ordinary probe could be used led him to wonder that semen had not found the same inlet, but evidently it never had; at least, pregnancy never occurred. She subsequently passed into a surgeon's hands and was operated upon, but has as yet failed to conceive. Why? asked the doctor.

DR. C. SEIP thought that the cause lay in the peculiar structure of the cervical mucous membrane, which readily permits the exit of the menstrual fluid, but retards admission from without.

After a lengthy discussion on necessary, but to the reader uninteresting business matters, the Society proceeded to the election of officers, as follows:

President, Dr. John E. James, of Philadelphia.

First Vice-President, Dr. D. Cowley, of Pittsburgh.

Second Vice-President, Dr. J. K. Lee, of Johnstown.

Recording Secretary, Dr. Clarence Bartlett, of Philadelphia.

Corresponding Secretary, Dr. R. E. Caruthers, of Allegheny.

Treasurer, Dr. J. F. Cooper, of Pittsburgh.

Necrologist, Dr. W. R. Childs, of Pittsburgh.

Censors, Drs. L. H. Willard, C. Van Artsdalen, and H. J. Sartain.

COMMITTEE ON LEGISLATION.—Drs. H. Pitcairn, J. K.

Lee, of Philadelphia, J. B. McClelland, J. J. Detwiller, E. Cranch, A. P. Bowie, J. S. Boyd.

COMMITTEE ON PUBLICATION.—Drs. R. E. Caruthers, C. Bartlett, J. F. Cooper.

COMMITTEE ON SUBSCRIPTION.—Dr. J. F. Cooper.

DELEGATES TO AMERICAN INSTITUTE.—Drs. J. C. Burgher, R. K. Fleming, J. S. Skeels, M. J. Chapman, H. J. Sartain, R. W. McClelland.

BUREAU OF OBSTETRICS.—Dr. J. C. Guernsey, Chairman; Drs. H. N. Guernsey, B. F. Betts, Mary Branson, O. T. Huebner, H. H. Hofman, J. B. McClelland, W. T. Edmundson, S. W. S. Dinsmore, H. Detwiller.

BUREAU OF CLINICAL MEDICINE.—Dr. C. C. Rinehart, Chairman; Drs. A. P. Bowie, W. J. Martin, J. K. Lee, of Johnstown, C. Mohr, J. R. Horner, Z. T. Miller, J. C. Morgan, J. Malin, H. N. Martin, J. E. Jones, H. W. Fulton.

BUREAU OF SANITARY SCIENCE.—Dr. E. C. Parsons, Chairman; Drs. J. F. Cooper, P. Dudley, H. Pitcairn, J. K. Lee, of Philadelphia, J. B. Wood, H. J. Evans, T. M. Johnson, B. W. James, J. L. Dunn, J. S. Boyd.

BUREAU OF SURGERY.—Dr. C. M. Thomas, Chairman; Drs. L. H. Willard, J. E. James, R. E. Caruthers, J. H. McClelland, W. B. Van Lennep, W. T. Maguire, W. D. Hall, P. O. B. Gause, J. J. Detwiller.

BUREAU OF PÆDOLOGY.—Dr. C. S. Middleton, Chairman; Drs. E. Cranch, S. F. Shannon, R. K. Fleming, C. F. Bingham, E. S. Sharpless, C. Van Artsdalen, H. M. Bunting, Lora C. Jackson.

BUREAU OF MATERIA MEDICA.—Dr. E. Fornias, Chairman; Drs. E. A. Farrington, A. Korndoerfer, R. P. Mercer, C. G. Raue, W. D. King, M. Preston, D. Cowley.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.—H. F. Ivins, Chairman; Drs. W. H. H. Neville, W. H. Bigler, W. H. Winslow, C. Bartlett, J. H. Reading, R. W. McClelland.

BUREAU OF GYNÆCOLOGY.—Dr. C. H. Hofman, Chairman; Drs. M. M. Walker, M. J. Chapman, C. P. Seip, H. J. Sartain, O. B. Gause, J. C. Burgher, I. G. Smedley.

BUREAU OF PATHOLOGY AND PATHOLOGICAL ANATOMY.—Dr. W. C. Goodno, Chairman; Drs. A. R. Thomas, J. A. Bullard, J. N. Mitchell, T. E. Parker, J. H. Helfrich.

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.—Dr. R. E. Caruthers, Chairman; Drs. J. C. Burgher, W. W. Van Baun, F. R. Schmucker, T. M. Johnson.

The meeting, on the whole, was well attended, eighty mem-

bers and visitors being present. Philadelphia was selected as the place for the next annual meeting, and the Philadelphia County Society as a local committee of arrangements.

THE MIDDLETOWN ASYLUM APPROPRIATION. LETTER FROM DR. DELAVAN.

ALBANY, Sept. 25, 1884.

EDITOR OF THE HAHNEMANNIAN MONTHLY:

My answer to the article contained in the HAHNEMANNIAN for this month, reviewing my letter in vindication of Governor Cleveland as non-partisan in his veto of the appropriation to the State Homœopathic Asylum, can be given in a few words, viz.:

The law declares that such appropriations shall have the approval of the State Board of Charities.

This Board failed to approve the appropriation, and the legislature disregarded its action. The Governor followed the *law* in his veto.

I therefore still contend that the executive veto was *not* against homœopathy but in *favor* of law. I have nothing to say in extenuation of the State Board of Charities; but I do think that the blame should be given to that body, and not to the Governor, who acted as the law dictates.

I am certain, and again assert, that Governor Cleveland is not either personally or officially opposed to the homœopathic school.

By giving this letter publication in your journal you will oblige,

Yours very truly,

J. SAVAGE DELAVAN.

NOTE BY THE EDITOR.—The above was received late, but is inserted in this number lest delay might work injustice. In reply to it we have only to ask a few questions. First, if the law requires such appropriations to have the approval of the State Board of Charities, why did not the Governor make mention of that law as the one sufficient reason for his action? Secondly, why did he, after mentioning the State Board's disapproval, find it necessary to give still another reason? Thirdly, why did not the Governor simply declare the act illegal and decline to take *any* official action upon it? Fourthly, did not the Governor, by vetoing the appropriation, imply that he possessed the authority to approve it if he chose to do so?

ALCOHOLISM IN YOUTH AND CHILDHOOD.—The existence of this evil is not sufficiently recognized by medical men. Dr. Thomas More Madden has met with several cases of acute and chronic alcoholism in children of less than eight years of age. In most cases of juvenile alcoholism the trouble seems to be inherited, more especially when the mother is an inebriate. Intemperance in women becomes, therefore, a subject of extreme importance. Oftentimes, it results from the too general custom of administering stimulants for the relief of dysmenorrhœal pain. In such cases "this unkind nepenthe" is frequently employed in gradually increasing doses until the victim of dysmenorrhœal alcoholism becomes an habitual inebriate.—*Br. Med. Journ.*, Aug. 23d, 1884.

POISONING BY NITRIC ACID.—Dr. J. Heber Smith reports the case of a young gentleman who had been exposed to the fumes of nitric acid, and who suddenly felt exhausted, as he expressed himself, and pressed for breath, and scarcely able to stand; he at last fell and began spitting green slimy matter, having at the same time pricking pains as if he were being “pricked with some sharp instrument in the head, face and body.” The next day, he felt better and returned to his labors. Soon, however, he was attacked by violent vomiting accompanied by pricking pains in the head, face, lips, gums and sharp aching in the jaws. These pains grew more severe by night, becoming almost insupportable, and were only partially relieved by binding the head tightly with a cold compress. He was obliged to return home and go to bed. He imagined himself dying on account of a sense of horrible constriction across the lower part of the chest, accompanied by dyspnoea and incessant cough with raising of a greenish, slimy sputa; terrible nausea with unquenchable thirst, drinking causing increase of pricking pains in the stomach and vomiting; sensitive to slight noises, they causing shocks in the head; swelling of the lips with burning pain; dull pain in the bones of the head; pricking sharp pains through the forehead, temples and malar bones, and also in the gums and teeth; painful raised papillæ on the tongue; aching in the limbs; delirium, fancying himself suddenly rich, etc.; ugly, rawing. On the third day, the patient was beside himself with pains and angry at his attendants, slightly delirious; constant spitting of green mucus, and, about once in fifteen minutes, vomiting of the same, followed by neuralgic pains in the gums, teeth and jaws; throat sore with smarting sensation down the oesophagus; burning in the chest and sense of severe constrictions; catching of the breath at every attempt at full inspiration; muscular soreness through the intercostal spaces; severe pain in the hypochondria in the morning passing up the walls of the thorax, coming together at the upper third of the sternum, causing a terrible fit of conghing, after about twenty minutes, lasting some ten minutes with bursting headache and pricking pains in the face and temples, etc.; sharp cutting pains all through the abdomen, centring at the stomach pit; about once an hour terrible cramps in the abdomen, not relieved by stools of black fluid. In the evening, Dr. J. H. Smith was called, and on account of the feeble and irregular pulse, cold moist surface and symptoms of œdema of the lungs, gave *veratr. vir. 1x*. Other symptoms noted during the further progress of the case were as follows; lips swollen to twice their natural size; blisters and swollen papillæ on the dry, brownish-hued tongue; pallid bluish-colored face, which was pinched, and the eyes wild and staring with dilated pupils; great restlessness, the patient tossing and rolling about in the bed and frequently getting out of bed to sit or walk the floor; ringing in the ears with suppressed feeling, and after trying to sing, marked deafness; belching of gas with aggravation of the pricking pains in the stomach; constant sour taste in the mouth; violent pains in the face, pricking on lying down, better on rising; drawing pains under both scapulae with constriction of the chest as by a rope drawn tightly around the lower part of it; conghing violent, spasmodic, ineffectual, ending in gagging; great weakness and languor; appearance of pain in the lumbar region; the urine like brandy, not strong in odor; later and after several days more, it became somewhat more abundant than normal with only occasionally a slight hippuric odor; great hunger; imagines he is going to die; some epistaxis; smarting in the eyes and lachrymation; small ecchymoses and papulæ appear here and there and disappear again; subsultus, twitching of the facial muscles; constipation, with pricking cutting pains in the anus during stool. On the seventh day, some dulness on percussion over the lower parts of the chest with dulness of respiratory murmur; considerable raising of frothy mucus, with rawness of the chest on conghing. On the eight day, raised about an ounce of bright blood while conghing, after which he breathed with more ease. Recovery now proceeded without interruption or without the occurrence of new symptoms.—*N. E. Med. Gaz.*, September, 1884.

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THE
H A H N E M A N N I A N
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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

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No. 10.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

SECTARIANS AND SENTIMENTALISTS.—Persons who unite in efforts to propagate or to oppose any particular doctrine or belief, are sectarians in the true meaning of that term. For instance, those who, on the one hand, organize themselves into societies for the purpose of promulgating homœopathy, and those who, on the other side, organize to oppose and repress it, are, one and all, sectarians. The fact that the members of one sect are more numerous than those of the other, does not affect their claim to the title, any more than does the fact that their ostensible object differs from their real purpose, or that they have a number of objects instead of but one. Considering that it is the duty of men, holding opinions upon important scientific and moral questions, to promulgate those opinions in all honorable ways, and that unanimity upon important topics is not a possible attainment, it would appear that sectarians—earnest, aggressive sectarians—are about the only people worth having around.

Montgomery, as quoted by the dictionary-makers, tells us that a sentimentalist is one who has, or who affects, sentiment

or sensibility; and we learn that sentiment means: *first*, sensibility, feeling, emotion, etc.; and *second*, thought, notion, opinion, judgment. Hence, to ascribe sentimentalism to an individual, may be to pay him an unintentional compliment. It usually, however, is intended to mean emotionalism, and to be the reverse of complimentary. Yet in many cases, emotions are the resultants of thought; sometimes of most correct and profound thought and judgment. Particularly is this often true of joy, pride, patriotism, indignation, fear, and some others. Not seldom do we find the most intense emotions exhibited by men of the most profound thought. If Washington was more intensely indignant at the treason of Arnold than were some of his private soldiers, it was simply because he knew better than they its far-reaching and disastrous consequences. Yet the phlegmatic soldier could, with truth, have termed his commander a sentimentalist. For these reasons we were not perturbed when we read in the September number of the *New York Medical Times*, that

"The recent meeting of the 'American Institute of Homœopathy'—the sectarian title by which this organization seems proud to be styled—from what we can gather, was managed much after the usual plan of sensational sentimentalism."

If the members of the Institute appeared to the eyes of the *Times* to be under the spell of a sentimentalism, it was probably because they knew the true value of the doctrines they hold, and the vital importance of the Institute's work, and the absence of all emotionalism on the part of the *Times* may perhaps be natural.

While the *Times* is known to occupy safe ground on many professional topics, we insist that it is totally at fault in its attacks upon homœopathic societies and institutions, as such, and, in some cases, seems utterly oblivious of the facts bearing upon the subjects with which it deals. For instance, in its September issue, it declares that "the American Institute of Homœopathy has outlived its period of usefulness, and the sooner it ceases to exist the better it will be for the profession at large." Here, the journal's mistake is the very one which so often misleads it, namely, that the American Institute of Homœopathy is, in any important respect, concerned in the welfare of "the profession at large." It was not organized for, nor does it profess to be interested in, any such unworthy object, but for "the improvement of homœopathic therapeutics and all other departments of medical science." When *these* objects can be best secured by the disbanding of the In-

stitute, the event will doubtless follow speedily. Before that time arrives, however, the Institute and its friends have many more victories to achieve over the foes of medical progress and professional liberty. Our contemporary has long been advocating the abandonment of the distinctive title "homœopathic," and for reasons which very few physicians seem disposed to accept. In the editorial from which we have already quoted, the *Times* asserts that,

"For a society which pretends to discuss scientific subjects, nine-tenths of which have no relationship to the distinctive title which it fleets in the face of the public, to continue such a name savors of deception. . . . Societies which profess to include medicine as a *whole* in their discussions, should abandon the cognomen which would restrict them and be known as what they are, viz., MEDICAL; and if any choose to confine themselves to the discussion of homœopathy alone, there can be no objection to their so announcing through a name, but let it be understood that they are what they claim to be . . . and thus escape the charge of being deceivers and humbugs."

The intimation that "nine-tenths" of the subjects discussed by the Institute "have no relationship to its distinctive title," *i. e.*, to homœopathy, is not borne out by the facts. It is well known that anatomy, physiology, pathology, diagnostics, principles of surgery, and, indeed, all the scientific subjects discussed by the Institute, except possibly mechanical surgery and obstetrics, and sanitary science, do bear a very close and essential relationship to homœopathy, and it is not possible for any physician to practice homœopathy skilfully without a knowledge of these. If these subjects are not admissible in a "homœopathic" society, neither are they in a "medical" society, because the latter term sustains no closer relation to them than does the former.

The *Times* claims that the retention of the title "homœopathic" by the Institute, while discussing subjects not strictly homœopathic, is a "deception," and the members of such a society are "deceivers and humbugs." Well; who is deceived? Does the Institute deceive its own members? Scarcely so, since the constitution expressly declares its object to be "the improvement of *all* departments of medical science." Does it deceive allopaths? As they have no legitimate personal interest whatever in its proceedings, it is rather absurd to suggest such an idea. Does it deceive the public? On the contrary the public is vitally interested in having medical societies, of whatever name, discuss thoroughly all topics which bear any relation whatever to the preservation of human life and health. So then the people themselves are not grossly deceived by the Institute's discussion of general medical sub-

jects. Now, as neither homeopathists nor allopathists, nor the people generally, are deceived by the title of the American Institute of Homeopathy, the *Times* should either confess itself deceived, or else honorably withdraw its baseless charge.

The journal, whose utterances we are criticizing, also says, that "the independent physician who does not depend upon the loaves and fishes which may come through sectarian influence," etc., etc., "may expect to be received on an equality by the great body of scientists." If by "the great body of scientists," the *Times* means the men who decide great medical questions by ballot, and propagate their own opinions by repressive legislation against opposing opinions; if, in other words, the *Times* considers it a desirable thing to be "received on an equality by the great body" of allopathists, it is at full liberty to go back and enjoy the ring, the robe, and the adipose veal promised by Flint Senior and the *Record*, to those who renounce and repudiate their honest name. But let not the *Times* be too much chagrined when it discovers the ring to be a manacle, the robe a garment of disgrace, and the fatted calf a feast of crow. There is no danger, however. The *Times*, it is true, renounces its distinctive title, but the *Record*, which urged it to do so, still calls it "homeopathic." When the *Times* or either of its editors succeeds in getting that recognition at allopathic hands which they seem so earnestly to covet, it will be, not when they have renounced their distinctive *name*, but when they repudiate the homeopathic *doctrine*, and when at least one of those editors has been compelled to spit upon his own diploma, and to secure another at a "regular" diploma shop.

Why is it that so many "apostles of peace" will persist in preaching to "the under dog"? Does not everybody know, that to the homeopathic profession, surrender, in *any* form, means annihilation? If we were responsible for the conflict, there might be some sense in asking us to discontinue it. We are waging a warfare of self-defence. Allopathy can stop the conflict at any moment by simply calling off and chaining her vile hounds, but if *we* stop fighting, the war goes on just the same, until we are driven out of the profession, and medical liberty is buried out of sight. As for the privilege of being "on an equality" with the allopathic school as it now exists, we shall decline the honor. When the equality is secured, it must be through the elevation of allopathy, not by the degradation of scientific therapeutics; and until that time we shall fight our enemies with weapons of our own choosing; neither

are we cowardly enough or gullible enough to lower our standard and hoist a flag of truce in the presence of an utterly unscrupulous and malignant foe.

THE STATE SOCIETY.—We give this month a succinct account of the meeting of the Homœopathic Medical Society of Pennsylvania, which convened at Pittsburgh, September 16th, 1884. We desire here to add a few comments.

The attendance at the several sessions averaged only thirty-five. This is not very creditable to a society boasting an active (?) membership of more than two hundred. One is, indeed, very obtuse who fails to learn something at these meetings, and if he takes home with him but a single new truth, he more than pays for money and time spent.

If, however, recognizing that he owes it to his fellow-members to contribute his portion to the common store, he is still prevented from attending a meeting, he should endeavor to furnish a paper, a brief case, or a cure made, and also should see to it that the dues he contracted to pay, are promptly forwarded. Dereliction and delay here embarrass the society and seriously incommode the man who is unfortunate enough to be treasurer. Everybody pities a treasurer. He is supposed to meet all pecuniary obligations promptly and without complaint; and yet, did one ever hold the thankless office, who has not time and again drawn upon his private bank account to the detriment of personal interests; and all this because "promises to pay" are treated with careless and selfish indifference? "A word to the wise," etc.

But though the attendance at the meeting was not large, interest, after the first morning session, grew with each new convening. We except the first session advisedly; for after the President read his address—which, by the way, deserved a large audience—when we proceeded to business, voting and other necessities of parliamentary business dragged so, that the President's eyes, usually brimful of good nature, flashed with just indignation and wrath, and his gavel fell heavily and ominously as he demanded our attention and co-operation. By afternoon he had us under better subjection.

One feature of the meeting was particularly interesting. We refer to the invitation to visit the Penn Hospital—a large edifice in Pittsburgh under the control of the old school. It was rumored that a truce was impending, and that homœopathy will soon have no need for separate institutions, or even, indeed, for a distinctive name, and that the weak-kneed,

who for a time have pitched their tents in security upon neutral ground, and the aggressive homœopathists, who have entrenched themselves in mighty fortresses, flaunting the banner of sectarianism, soon might mingle peacefully and happily with the foe who for a century has maintained perpetual war.

The invitation of the Penn Hospital directors did indeed call forth a hearty acceptance, and Wednesday afternoon was selected as a suitable time to make the proposed visit. The reception was all that could be desired. One of the directors in a neat speech happily observed, that though the two schools of medicine differed in method, they had a common end in view, the healing of the sick, and so he welcomed his visitors on this, rather than on doctrinal, ground. How full of good sense is this! It is indeed a neutral ground upon which the exponents of the two schools can meet in honorable union and harmony. It calls for no compromise of principle, no self-sacrifice, no condescension. It merely calls for the exercise of common courtesy and common charity.

That nothing towards the unification of the schools was intended or effected, is evident from the subsequent deportment of some of the irate allopathists. They were indignant at the directors, and rumor and newspapers say, threatened to sever their connection with the hospital. The *Pittsburgh Dispatch* dubbed them silly; but the directors of the Penn Hospital, confident that no wrong had been done in treating fellow-men kindly, coolly replied that they might do as they pleased, their places could be readily filled.

Another fact of interest was brought out in a verbal report to the meeting, made by a physician from Erie. More liberal than most allopathists, the physicians there treat homœopathists with due courtesy, and even permit them to attend their own patients in hospitals that are under allopathic charge. This is, we think, another step in the right direction. As in Pittsburgh, so in Erie, no compromise of principle is required; neither is there any attempt at such pseudo-union as the *Times* advocates. There is merely a decent and just recognition of the rights and privileges of free citizens—rights usually persistently and undemocratically denied a large and respectable clientage of homœopathy.

Many of the papers presented were excellent, and will be read with interest and profit when they are printed. Still, if members are not prompt in re-imbursing the treasury, it will be impossible to publish the *Transactions*. The treasurer, on several occasions, has advanced the necessary funds, trusting

to fortune to make good his loss; but such a course is so palpably wrong that the society forbids the sacrifice.

In point of sociability, the members present at the late meeting have no cause for complaint. Some were invited as private guests; all were entertained cordially. And finally, late on Wednesday evening, the President, Dr. Childs, tendered them a collation, after their return from an interesting visit to the steel-works.

We hope that during the ensuing year chairmen of bureaus and their associates will apply themselves energetically to their respective tasks, and will come to the next meeting ready to report, and prepared to defend themselves in full and open debate before a large convocation from all parts of the State.

THE WORLD'S EXPOSITION AT NEW ORLEANS.—Inasmuch as the advisability of changing the place of meeting of the next annual session of the American Institute of Homœopathy from St. Louis to New Orleans is under consideration, a few words relative to the great exposition to be held ere long in the latter city, may not be without interest to our readers. The site of the Exposition is the City Park, New Orleans, La., on the great waterway of inland navigation of the United States, the Mississippi River. It is thus placed in direct communication with the towns and cities along twenty thousand miles of navigable streams. The Board of Management of the Exposition has had abundant pecuniary means at its disposal. It could, therefore, well undertake the erection of buildings on a scale larger than has ever before been attempted, either in this country or in Europe. The main building is 1378 feet long by 905 feet wide, without courts, and has a continuous roof composed largely of glass, so arranged as to afford an abundance of light without subjecting the interior to the direct rays of the sun. In the main building, is the machinery department, from the galleries of which will be seen two miles of shafting rapidly revolving. The music hall is in the centre of the building and has a seating capacity for 11,000, and a platform capacity for 600 musicians. The area in square feet of the main building of the New Orleans Exposition is nearly double that of the main building of the Centennial Exposition, held in Philadelphia in 1876. Other large buildings are: the United States Government buildings, the Art Gallery, and Horticultural Hall. The last named is the largest conservatory in the world. It is substantially built as a durable structure, becoming by arrangement with the city, a permanent feature of the Park.

Many circumstances combine to furnish the World's Exposition with numerous attractions. For the people of our own country, the location of the Exposition at the city of New Orleans, the gateway to the gulf and the ocean, and the portal to the greatest system of interior water navigation on the earth—a system extending from her wharves, reaching the richest granaries of the world, was exceedingly happy and appropriate. New Orleans is looming into merited prominence from many points of view. Possessing deep water to the sea, has rapidly developed her commercial importance—foreign and domestic. The construction and opening of additional grand railway trunk lines has contributed to and confirmed this development.

The season at which the Exposition is to be held (from December 1st, 1884, to May 31st, 1885), is one in which communication is unrestricted, transportation regular and abundant, and travel pleasant. The limited space at our disposal only, prevents us from speaking further of the attractions of an Exposition, such as the world has never before seen and of which our country may well be proud; for while we ostensibly started these remarks in view of the proposed meeting of the Institute at New Orleans, we are only too happy to have afforded us an opportunity of speaking in praise of the great enterprise.

HELP WANTED ON MATERIA MEDICA REVISION.—We have recently received from the American editor of the Revised *Materia Medica*, an urgent appeal for such aid as can be rendered in that important work. No comment of ours can add force to that appeal, and we, therefore, simply publish it in this connection in the hope and expectation that it will call forth a prompt and general response.

“The editors of the *Cyclopædia of Drug Pathogenesis*, authorized by the American Institute of Homœopathy and the British Homœopathic Society, in writing up the narratives of symptoms, as furnished in cases of drug proving and drug poisoning, desire the help of the profession.

“In order to bring out a reliable work, one that will compare favorably with the repositories of facts in other departments of science, one that will prove satisfactory to the pains-taking practitioners of medicine, it is necessary to gather all the good and to avoid all the spurious in reported drug effects.

“To do this the editors must have the day-books, or original

records, of provers and observers, with such further information as may enable them to judge of the reliability of what has been recorded.

"In the name of the two great national societies, and in the interest of certitude in *Materia Medica*, all medical men are called on to forward their provings and notes of poisonings, with all needed explanatory remarks, to the editors, Dr. Richard Hughes, Brighton, England, or Dr. J. P. Dake, Nashville, Tenn.

"For such aid compensation cannot be offered, except in hearty thanks, inasmuch as the editors themselves will receive no pay for time and labor bestowed.

"Taking remedies in alphabetical order, part first will come down to *Agaricus*, embracing all the acids.

"Any information throwing light on what has been recorded, and any criticism in the interest of truth, will be gratefully received."

COMPARATIVE RESULTS OF HOMŒOPATHIC AND ALLOPATHIC TREATMENT OF THE INSANE.—In an editorial published last month, we gave the results of treatment in the Middletown (N. Y.) Homœopathic Asylum for the Insane as compared with the results in the three similar asylums of the State of New York under the charge of allopathic physicians. In calculating the relative percentages, we inadvertently used the wrong column of figures from the report of the State Board of Charities, and consequently made the percentage of recoveries seem much lower than it really is. The recoveries are calculated from the number of *admissions*—the only correct method—and the deaths from the total number of inmates treated. The correct statement is as follows:

Three allopathic asylums: recoveries, 25.37 per cent.; deaths, 6.49 per cent.

One homœopathic asylum: recoveries, 40.59 per cent.; deaths, 4.39 per cent.

In other words, homœopathy cures forty patients in each hundred, while allopathy, under similar influences and with equal facilities, and treating similar cases, cures twenty-five in each hundred. While homœopathy loses by death 4.4 per cent., allopathy loses 6.5 per cent. As there were 946 patients admitted to the allopathic asylums during the year, it follows that about 142 unfortunates either died or were permitted to lapse into hopeless chronic insanity, who, under homœopathic

treatment, might have been restored to health, and returned to their friends and to usefulness. Had the relative percentages of recoveries been reversed, the State Board of Charities would have recommended the immediate discontinuance of the homœopathic institution.

Notes and Comments.

A VOICE IN THE WILDERNESS.—The field of medical science, like the territory of the Delphians, is accessible to all, and should be kept free from all strife and animosity.—*Extract from President's Address delivered at the Fifty-second Annual Meeting of the British Medical Association.*

THE DEPTH TO WHICH VEGETATION EXTENDS on the earth's surface has been made the theme of a curious inquiry by a disciple of Max Von Pettenkofer. By taking specimens of the strata of different depths, procured in the progress of an excavation for a well, and cultivating them under experimental conditions, the observer procured vegetable organisms of many types that have never been observed on the surface; and, curiously enough, each stratum appeared to be distinguished by types of its own, which were totally absent in deeper as well as in more superficial deposits. The inquiry opens a new field to the zoological student.

RENEWAL OF BRAIN-CELLS.—According to the novel computation of a German histologist, who has been calculating the aggregate cell forces of the human brain, the cerebral mass is composed of at least 300,000,000 of nerve cells, each an independent body, organism and microscopic brain, so far as concerns its vital relations, but subordinated to a higher purpose in relation to the function of the organ; each living a separate life individually, though socially subject to a higher law of function. The life term of a nerve cell he estimates to be about sixty days; so that 5,000,000 die every day, about 200,000 every hour and nearly 3500 every minute, to be succeeded by an equal number of their progeny; while once in every sixty days a man has a totally new brain.

EGREGIOUS TOMFOOLERY.—The conduct of the medical sucklings and their medical mammas at the Western Pennsylvania Hospital at Pittsburgh, in running away and hiding themselves (with the exception of their ears) from a number of medical gentlemen who, at the invitation of the Directors, were visiting the institution, was ludicrous in the extreme, in spite of the disgrace in which it involved the shallowpates and their school. These are some of the puppies whom one of our contemporaries suggests that educated and refined gentlemen shall seek "to be received on an equality" with. Bah!

It is not unlikely that these fellows imagined they were placing an affront upon the Directors and their guests. At any rate the Directors should quickly and effectively guarantee themselves against a repetition of the humiliation thus put upon the institution, by dismissing the nincompoops and appointing gentlemen in their places. And then those little fellows should be sent home to their mothers to be soundly spanked.

New Publications.

THE AMERICAN HOMŒOPATHIC DISPENSATORY. By Theo. D. Williams, M.D., etc., Chicago. Gross & Delbridge. pp. 698, 8vo. Half leather. 1884.

Early in 1882, the publishers of the above work announced by circulars and advertisements the *American Homœopathic Dispensatory*, which they declared would be original and not a mere rearrangement of previous Pharmacopœias. The work was finally completed and issued in June, 1884.

The volume before us numbers about 700 pages. Its contents are divided into two parts, of which Part I., containing XIII. chapters, pertains to GENERAL PHARMACY, and covers 113 pp.; and Part II. is devoted to SPECIAL PHARMACY, and covers 532 pp. Forty-eight pages are devoted to the Index. In an Appendix of 15 pp. the chemical constituents of a number of mineral springs are given.

The first four chapters, profusely illustrated, describe the different apparatus used in pharmacy. Chapter V. treats of vehicles, and in No. 168 on page 50, gives the following novel directions for making "Pilulæ Saccharum" or homœopathic pellets.

"Pilulæ saccharum" are made from *cane sugar syrup*, prepared according to the following formula:

Refined Sugar,	five parts
Water,	three parts
Cream of Tartar,	one sixty-fourth part.

"The syrup is made by the aid of heat. The Cream of Tartar is first dissolved in the water, afterward the sugar is added and then the temperature of the solution is raised to the boiling point. In the process, a portion of the cane sugar is converted by the Cream of Tartar into *inverted sugar*; which, being present, although in so small a quantity, when used for making pills, *prevents them from hardening*" Well here is a revelation! So this is the way *soft pellets* are made! But why add Cream of Tartar? Why not use Corrosive sublimate, or Sulphur, or Arsenic? perhaps they would answer the purpose still better.

And the simple difference between these substances is, that the medicinal properties of the last mentioned have been thoroughly investigated in Homœopathy, while those of Cream of Tartar are comparatively unknown.

The homœopathic fraternity may well give *soft pellets*, hereafter, a wide berth, and confine their custom to pharmacies that are known to use pure cane sugar—even if the pellets may be a trifle harder. In passing we call the attention of our friend Dr. J. Edwards Smith, to this additional source of adulteration.

In § 172, p. 51, and in § 254, p. 77, the author, oddly enough, credits the "American Institute of Homœopathy" with having originated the designation of the size of pellets and vials by millimetres. It was the "American Institute of Homœopathic *Pharmacy*" which was organized in 1868 (but

now defunct) that adopted this plan. At the same meeting, this Society unanimously adopted a uniform notation for triturations and dilutions; that is, the simple numeral 1, 2, 3, 30 was made to denote centesimal preparations, while to those prepared according to the decimal scale an \times was added, as, 1^\times , 2^\times , 3^\times , 30^\times , etc., and this notation has been faithfully adhered to by all Homœopathic Pharmacies ever since. But our author, in § 203, page 62, advocates a new wrinkle; he wants to designate the *decimal* preparations by the simple numerals 1, 2, 3, etc., and adds to the numerals designating the centesimal preparations an 0; as 01, 02, 03. There is no sound reason or excuse for doing this; the old notation is in use and well understood all over the country; why make a change? The author gives a sample of the old and new notations on pp. 62, and designates as *old*, the centesimal preparations with a "c" added to the numeral; thus 1^c , 2^c , 3^c . This is erroneous; the Roman "c" (meaning centum, a hundred), when added to a numeral, denotes the 100th, 200th, etc., dilutions.

Chapter X., occupying 20 pp., is indeed "original." Let us hope it will remain a unicum and be avoided by all subsequent Pharmacopœias. It is devoted to "General Formulary." On the first few pages, formulas are given for the preparation of some articles of diet; these are followed by "Elixirs," as the "Elixir of Bismuth," "Elixir of Valerianate of Ammonia," "Hale's Nerve Tonic," etc. These are liberally interspersed with "official formulæ" used in the New York Hospital and in the Cook County Hospital in Chicago. As a specimen, we transcribe the formula called "*Rheumatic Mixture*:" "Dissolve one Troy ounce of Iodide of Potassa and Salicylate of Soda in *one pint* of water, add two fluid ounces of tincture of Cimicifuga racemosa and *one pint* of compound Syrup of Sarsaparilla."

All other Homœopathic Pharmacopœias carefully and minutely describe under "General Pharmacy" the mode of preparing Tinctures, Triturations and Dilutions, and simply refer to these chapters in the body of the work. Not so this author; for in the 532 pp. devoted to "Special Pharmacy" he repeats these directions, over eight hundred times. Tedious and useless as all this is, it might be tolerated but for the fact that a blunder occurs on the first page of this section as follows: "all *subsequent* dilutions (or triturations) are made by adding to nine (or ninety-nine) parts of alcohol (or sugar of milk), one part of each *succeeding* dilution (or trituration)." This blunder is repeated more than two thousand times.

But it is in Part II. that the author advocates the most sweeping changes. All previous Pharmacopœias have followed Hahnemann's precepts, so suggestive of his genius, in prescribing, wherever procurable, fresh plants or parts of plants in the preparation of mother tinctures. Even the old school acknowledges the superiority of fresh-plant tinctures, and the last edition of the *American Pharmacopœia* gives directions as to their preparation. But our author, original thinker that he is, boldly casts these tried and time-honored precepts aside and prescribes, generally, the *DRY plants or roots*, of all plants indigenous to Europe. He even directs that both the European and the American species of Pulsatilla be made from the dried herb, al-

though it is proved that their active principles are volatile and that a dry-plant tincture is absolutely inert. Verily this is pharmacy made easy. In the preparation of the remedies the wrong parts of the plants are frequently recommended. *Agnus castus* he makes from dried leaves and berries, instead of from fresh berries; *Arctium Lappa* from the seeds, instead of from the fresh root; *Hamamelis* from the bark of the twigs, instead of from the bark of the root in addition; *Sambucus nigra* from the bark, instead of from the flowers (there is in use a tincture of the inner bark, but this is specially designated *Samb. nigra e cortice* but the *Sambucus Nigra* proper, is always made from the flowers). Of *Sepia* he states that "this excretory substance (in a dry state) is prepared from a fluid tissue of the above species of mollusca." Does any one but the author understand this? Does the author himself?

The whole work bears evidence, despite the long time it took to consider it, of great carelessness. The nomenclature is full of inaccuracies, and is a mixtum compositum of the different systems. We find mixed in with the old German nomenclature still generally accepted in Homœopathy, such names as these: *Cadmium Iodinum* (whatever that may mean), *Cinchonix sulphas*? *Aurum et natronatum muriaticum* (for *Aur. mur. natronatum*?) *Calcarea arsenicosum*, etc. And such ludicrous mistakes as "*Simaruba*" for "*Simaruba*." Our author may claim here merely a typographical error; but it occurs five times. It is, however, correctly spelled in the Index.

A great show of seeming exactitude is made in designating the drug-power of the different tinctures. We say *seeming* advisedly, for the author indiscriminately designates "drug-power = 25 per cent.," no matter whether four ounces of a fresh juicy plant or of dry seeds or roots are used to sixteen of menstruum. One commendable feature is an attempt at giving the correct accentuation and pronunciation of each remedy; but even here we note many inaccuracies and mistakes: A-cal'-i-pha'in-di'-ca for in'-di-ca, a-ra'lea his'-pida for his-pi'-da, etc. In a foot-note to page 114, the author simply says: "While recognizing the fact that the pharmacist should be more or less familiar with the botanical description of plants, and should also know something of the science of chemistry, the author has seen fit to ignore these two special features and to refer the reader to any one of the many textbooks on this subject, believing that all instruction herein should be in reference to pharmaceutical preparation." This is convenient, if not for the student, at least for the author, it saves him a great deal of labor. All the reader has to do, is to provide himself with \$150 to \$200 worth of textbooks, and hunt for a description of plants and of chemical processes. We know these figures are not exaggerated for we have had occasion to test them. The author does not strictly carry out his ideas, however, for he gives description of some drugs, and also working formulæ of some chemical preparations, just as the whim seizes him. As a specimen, we will mention "*Anacardium Orientale*," which has heart-shaped black seeds, and the pharmacist must be careful not to confound it with an "*Occidentale*," which has kidney-shaped gray seeds. Our author confounds the two and gives a de-

scription of the "*Occidentale*" only. And, further, he shows his utter want of practical experience by directing that these nuts be run through a *drug mill*! By such a procedure the acrid oily liquid which constitutes the active part of the nut would be almost entirely lost.

As a sample of the indifferent manner in which some of the chemical processes are described, we quote the following from page 378: Glonoine, "having a specific gravity of 160 at (15° C.) 59° F., is chemically prepared from a mixture composed of one part of nitric acid, specific gravity, 147, two parts of sulphuric acid, specific gravity, 184, to which there is gradually added sixteen avoirdupois ounces of pure glycerin. [The "is" instead of "are" is verbatim.] The glycerin is added cautiously, thus preventing a rise of temperature exceeding 80° F., and, the mixture being frequently stirred, is finally poured into a large quantity of water, where it is subsequently washed on the addition of a small per cent. of alkali."

Passing over the obscurity concerning the "one part" and "two parts," we pass on to the more serious portion. "Cautiously" adding glycerin is too vague; for, unless great care is taken to keep the acids, etc., cool, an explosion is very probable, not to say inevitable. How different from this is the cautious recommendation of the *British Hom. Pharm.*, or the precise direction of the *Am. Hom. Pharm.* In the latter we read: "the mixing vessel is kept cold." Stillé and Maisch take the precaution to say "glycerin is slowly added with frequent stirring"—thus far like our author but—"with the precaution of preventing the temperature from rising above 26.6° C. (80° F.)"

Witthaus, in his *General Medical Chemistry*, says, that both the vessels for the acids and that in which these are mixed with glycerin, *should be kept well cooled.*

The author has a very large number of remedies in his list, some of which we confess never to have seen; but we cannot comprehend why he slights Hahnemann by leaving out Calc. Acetica; or why he disregards the unique cure of Dr. Bell by ignoring Raphanus.

It is self-evident that the only true principle to be used in preparing a Pharmacopœia is to follow as closely as possible the method pursued by the provers of a given remedy. This the present book almost studiously ignores, and as a consequence many of the tinctures prepared as therein recommended, will present a different appearance from that to which the physician is accustomed. And last, but not least important, many drugs prepared as therein directed will fail to act, greatly to the chagrin of the doctor and the detriment of the patient. And yet a contemporary observes concerning the work that it is evidently that of a master hand, and will undoubtedly be of great service to such as may require it.

THE MEDICO-LEGAL JOURNAL. Published by the *Medico-Legal Journal Association*, 128 Broadway, New York.

As stated in the prospectus of the above-mentioned publication, there was, until its advent, no journal in any part of the world, devoting itself exclu-

sively to the subjects which it has made its special province to consider. The *Medico-Legal Journal*, therefore, occupies an entirely new field in journalism. The September number contains but three original articles, all of which are of a high standard of excellence. They are "The Relation of Madness to Crime" by J. C. Bucknill, M.D., F.R.S.; "Moral Insanity" (continued from the June number) by C. M. Hughes, M. D., of St. Louis, Mo.; and "Significance of the Absorption and Elimination of Poisons in Medico-Legal Cases" by Professor R. H. Chittenden, of New Haven. Portions of the journal are devoted to transactions of societies, to recent legal decisions, to toxicological gleanings and to book reviews. The last article in the number before us is a biography of Luther R. Marsh, a fine steel portrait of whom faces the first page of the journal.

We find then in the September issue, much to praise respecting the labor of the editor, the contributors and the printer. The journal is published quarterly. B.

A COMPEND OF ORGANIC AND MEDICAL CHEMISTRY, INCLUDING URINARY ANALYSIS AND THE EXAMINATION OF WATER AND FOOD. By Henry Lefman, M.D., D.D.S., etc.

In the above work, the author makes no claim for originality. He has merely arranged as concisely as possible, the facts pertaining to the science of chemistry. The success with which he has met in doing this has enabled him to insert a large amount of matter. Not only does he consider the subject of organic chemistry, but urinary analysis and the examination of food and water as well. B.

Gleanings.

A SEA ATMOSPHERE FOR THE SICK-ROOM.—Dr. B. W. Richardson says (*Asclepiad*) that the solution to be used and diffused as a spray consists of solution of peroxide of hydrogen (10 volumes strength), containing 1 per cent. of ozonic ether, iodine to saturation, and 2.5 per cent. of sea salt. The solution placed in a steam or hand spray-diffuser can be distributed in the finest spray in the sick-room at the rate of two fluid ounces in a quarter of an hour. It communicates a pleasant sea odor, and is the best purifier of the air of the sick-room that he has ever used. It is a powerful disinfectant as well as deodorizer, acting briskly on ozonized test solutions and papers. Mr. Carl R. Schombérg has recently invented a large spray-producer, which will diffuse the artificial sea air through a hospital ward.—*Med. News*, Aug. 23d, 1884.

ON A LITTLE-KNOWN SYMPTOM OF SCIATICA.—Beurmann (*Arch. de Phys. Norm. et Pathol.*) draws attention to a sign which is not noticed in the classical description of sciatica, which is readily recognized at the bedside of the patient, and which is sometimes of very considerable diagnostic value. The patient is made to lie in his bed on his back, and is told to allow the affected leg to lie perfectly passive. If now, with the leg fully extended, the physician flexes it at the hip, the patient at once experiences acute pain, darting along the course of the nerve from the buttock downwards, and which is most severely felt in the neighborhood of the great trochanter. If,

however, the leg be first flexed upon the thigh before the thigh is flexed upon the abdomen, it will be found that no such pain results from the movement. It would seem that this pain is due to tension of the sciatic nerve, which with the first of these movements is considerable, but which does not take place with the second. That this hypothesis is correct, Beurman abundantly proves by various experiments which he conducted on the dead subject. This sign of sciatica appears to possess very considerable diagnostic value, and will probably suffice at once to distinguish sciatica from several conditions, which may simulate it, such as crural neuralgia, hip-joint disease, etc.—*Journ. Am. Med. Association*, September 6th, 1884.

INFLUENCE OF CLIMATE IN THE TREATMENT OF CHRONIC CATARRH OF THE MIDDLE EAR.—Dr. John F. Fulton calls attention to the importance of climatic influences in the treatment of chronic catarrh of the middle ear. He believes that the same rule applies to cases of ear disease as to phthisical patients, i.e., prior to the breaking-down of tissue and the formation of cavities, such cases do better in a cold climate, and just so it is with the middle-ear catarrhs. The non-suppurative forms of the trouble improve, but the suppurative cases do badly. The author proceeds to give the results obtained from the treatment of one hundred cases of chronic aural catarrh, fifty of which were treated in St. Paul, Minnesota, and fifty, in Altoona, Pa. In Altoona, the number of cases cured were four; improved, nine, and unimproved, twenty-seven. Of the St. Paul cases, eighteen were cured; twenty improved, and twelve unimproved. One of the chief factors in bringing about these good results, is the dryness of the Minnesota atmosphere, and another is the invigorating influence of the bracing tonic atmosphere that rapidly builds up the general health. The best results from treatment were obtained with those cases that had come from other countries, the cases which originated in the Minnesota climate being the most obstinate.—*Journ. Am. Med. Association*, September 6th, 1884.

ANOTHER SURGICAL FOLLY is the application of a tourniquet to the femoral or brachial artery to stop bleeding from a crushed leg or forearm while awaiting reaction prior to amputation. Pressure should be made *immediately upon and just above* the crushed tissues by an elastic or common roller-bandage tightly applied. A tourniquet placed far above the seat of injury on the main trunk interferes with the arterial and venous circulation of the whole limb; amputation, if by necessity delayed for a few hours, must then be performed through tissues that have become oedematous and liable to gangrene, because of the stupidity of the surgeon. Pressure over the crushed structures stops all oozing and free bleeding; and is probably less distressing to the patient than the tourniquet applied high up. It can do no harm to the tissues already irretrievably damaged and soon to be removed.—*Polyclinic*, Aug. 15th, 1884.

RESORCIN IN DISEASES OF THE EAR.—Dr. C. W. Tangeman has been investigating the therapeutic properties of resorcin in aural diseases. The following are his conclusions: 1. In aural diseases of a suppurative nature, it is the most efficient remedy that we possess. 2. If employed generally in all cases, it should be used in a 5 per cent. ointment (gr. xxiv.— $\bar{5}$ j.), or mixed with boracic acid. 3. It causes considerable pain when used pure, and always increases the discharge the first day or two. 4. It seems far better to make one application when the pure powder is used in an obstinate case for it is many times sufficient, while, when it is used more frequently, we cause too much irritation.—*Therap. Gaz.*, Aug. 15th, 1884.

INFLUENCE OF SEXUAL IRRITATIONS UPON AFFECTIONS OF THE ORGAN OF HEARING.—Affections of the uterus and normal processes in sexual life have frequently quite an unfavorable influence upon an existing

ear disease, according to Weber-Lisle. Slight affections change their character by reflex action, motor or sensitive or vaso-motor disturbances developing within the middle ear. The local treatment is unsuccessful as long as the irritation from the uterus exists. If the irritation has subsided, the special character of the affection ceases. The pain in the last lumbar and first dorsal vertebrae is never wanting in those cases. Masturbators, especially women, prove the influence of the sexual sphere upon existing ear diseases so that the practice of masturbation may be diagnosed from the peculiar course of the ear disease. Under the same influence, otorrhœa is very obstinate, and cure is very tedious. Progressive difficulty of hearing with noises, especially in women and old maids, often has this same cause, and defies every treatment, the electric perhaps excepted. Marriage ought not to be recommended to delicate and excitable women afflicted with difficulty of hearing since all sexual excitements deteriorate the aural affections.—*Arch. of Otolology*, June, 1884.

CAUSE OF CONGENITAL CLUB-FOOT.—MESSRS. R. W. Parker and S. Y. Shattock advocate a mechanical mode of causation for this deformity, *i.e.*, intra-uterine pressure. This opinion rests upon a dissection of five cases (2 varus, 3 calcaneus), and study of specimens in various hospitals. They found no confirmation of the idea that it was due to a lesion of the nerve centres or trunks, or bone deformity. A case was found where patches of skin were atrophied with bursæ beneath, over the exterior malleolus and head of the astragalus, comparable with what is found in those who have walked on an unreduced talipedic foot. Both were thought to be varieties of normal positions at some time of fetal life.—*Arch. of Pediatrics*, Aug. 15th, 1884.

NEW METHOD FOR THE REMOVAL OF LARYNGEAL GROWTHS.—Dr. William C. Jarvis has successfully used chromic acid in the removal of laryngeal papillomata. The result obtained from this use of the drug depends largely upon the exact manner of its employment. Dr. Jarvis's plan is to apply chromic acid in small quantities at short intervals. This is best accomplished by means of a probe upon the point of which a tiny crystal of the salt has been fused. The probe should have a correct laryngeal curve. Its point previously heated is applied to a quantity of the crystals equal to about the sixth of a grain. The crystals fuse and adhere to the heated metal in the form of a small red bead. The application is now made to the laryngeal growth. The chromic acid crystal vanishes from the end of the probe, reappearing as a minute white speck upon the point of application. This eschar soon assumes a yellow hue growing darker as it gradually exfoliates. The sphacelated fragments are expectorated, leaving minute depressions on the surface of the growth. In this way, the papillomatous tissue is removed piece-meal. The irregular projections resulting from this chiseling process are levelled by successive applications of the acid, and all the parts can be carved with the caustic according to the operator's fancy.—*N. Y. Med. Journ.*, Aug. 23d, 1884.

THE PASSION FLOWER.—According to Dr. George W. Winterburn, the therapeutic uses of the white passion flower resemble the bromides on one hand and gelsemium on the other. It is one of our best hypnotics, producing a quiet pleasant sleep altogether different from the comatose stupor of morphia, and from which the patient may be aroused at any moment. It may be given in doses of two or three drops of the tincture or low dilution. Even in the worst form of sleeplessness, that associated with suicidal mania, this drug will produce quiet slumber, from which the patient awakens with clear mind and rational thoughts. In its control of convulsion, *passiflora* closely resembles gelsemium. It will be found of service in opisthotonos, trismus and tetanus.—*Amer. Homœopath*, Aug., 1884.

SIGNIFICANCE OF JAUNDICE IN DIAGNOSIS.—Under this title, Dr. Quine read a paper at the Chicago Medical Society of which the following is a summary: (1.) Jaundice occurring suddenly in apparent health, and painlessly, is usually of emotional origin and transitory. (2.) When it depends on disease or injury of the brain, acute atrophy of the liver, snake-poisoning, or infectious fever, it is always associated with mental disturbances. (3.) If it be attended with fever and well marked, it is secondary to inflammation of the biliary passages, pneumonia, toxæmia, or infective inflammation of the portal vein. (4.) If it occur suddenly and is preceded by paroxysmal pain and vomiting, it is caused nine times out of ten by biliary calculi. (5.) If it is preceded by typical symptoms of gastro-duodenitis, it is obviously of catarrhal origin. (6.) Impassable obstruction of the common duct is shown by great intensity of jaundice, clay-colored stools, and in recent cases by distension of the gall bladder. (7.) Jaundice caused by sudden obstruction of the biliary passages is always associated with paroxysmal pain and nausea, but there is no means of ascertaining the nature of the obstructing body except its discovery in the stools. (8.) In the rare cases of sudden obstruction by cancerous, hydatid and aneurismal tumors, there is almost always a history of impaired health, enlargement and deformity of the liver, ascites, etc., which, aided by the revelations of physical exploration, will lead to correct differentiation. (9.) Sudden return to normal coloration of the feces confirms the diagnosis of obstruction. (10.) Occlusion of the cystic duct may be attended with as much pain, nausea and distension of the gall bladder as occlusion of the common duct, but there is no jaundice. In occlusion of the hepatic duct, the same symptoms are present, including jaundice and excluding distension of the gall bladder. It is often impossible to distinguish between occlusion of the hepatic and of the common duct. The former is rare because the duct increases in size from above downwards. (11.) If jaundice persists after the symptoms of biliary colic or catarrhal inflammation have a month since disappeared, or if jaundice have disappeared after a biliary colic to return slowly and painlessly, it may be assumed that stricture of the duct has resulted from inflammatory thickening, adhesion of the walls or cicatrization of an ulcer. (12.) A history of repeated attacks points to the probability of gall stones. (13.) If jaundice comes on slowly without antecedent colic or catarrh, and without attendant evidence of impaired health or portal obstruction, it is probably caused either by pressure upon the duct or by the growth of a tumor within its walls. The pressing body, when large enough, may be readily appreciated, as in the case of ovarian tumor, aneurism, distended colon, etc., but when it is small or constituted by enlargement of lymphatics in the fissure of the liver, it is apt to escape detection. (14.) Slight but persistent jaundice may be due to incomplete occlusion of the common duct, or to complete occlusion of a branch of the hepatic, but usually it is found associated with either valvular disease of the heart, some disease of the lungs which obstructs the circulation, or cirrhosis of the liver. (15.) If ascites be associated with it, the disease is either cirrhosis or cancer of the liver; if the liver be abnormally small, the disease is cirrhosis; if it be large, the disease is either hypertrophic cirrhosis or cancer. Differentiation between the two is seldom attended with difficulty. (16.) Absence of jaundice does not imply absence of hepatic disease, since the liver may be destroyed by disease or extirpated by operation without jaundice ensuing. (17.) It is not a prominent symptom of hepatitis, if catarrhal inflammation of biliary passages be rigidly excluded. It is not characteristic of hepatic abscess when at most mere muddiness of the complexion is usually seen. It is not a symptom of waxy or fatty liver or of hydatids excepting as an extraordinary complication.—*Medical Times and Gazette*, Aug. 16th, 1884.

HEPATIC ALBUMINURIA.—From clinical cases with which he has met, Dr. C. C. Thayer concludes that 1st. Crude albumen may be excreted as such by healthy kidneys. 2d. Crude albumen in the circulation may arise from a retrograde metamorphosis of albuminoids in the process of digestion and assimilation from liver disease. 3d. Crude albumen in the circulation may arise from a luxur consumption of albuminoids in excess of the capabilities of a healthy liver. 4th. Crude albumen in the urine denotes that albuminose, in its hidden course to its legitimate and ultimate end, viz., fat and urea, has escaped its proper destiny as an aborted proteid. 5th. Crude albumen in the circulation denotes not a defective metamorphosis of tissue, for it has never been tissue, but a defective metabolism in tissue construction.—*Medical Record*, August 2d, 1884.

THE DIFFERENTIAL DIAGNOSIS OF THE VARIOUS FORMS OF FIBROID TUMORS OF THE UTERUS.—Dr. Alfred Meadows, addressing the British Medical Association, observed as to the progress of knowledge in this direction, that it could now be decided with considerable precision when and in what cases interference was justifiable; and whether this interference should consist in extirpation of the tumor, or in what he called physiological starvation—that is the removal of the ovaries and the stoppage of the blood supply to the tumor. He objects to the proposition of Lawson Tait that uterine fibromata should be classified according to their individual character without reference to their relation to the uterine walls. Clinical experience will, he thinks, sustain the old classification in preference to the one proposed by Tait, which lacks clinical precision and is only of post-mortem interest. The rate of growth and situation of these tumors seem to have a bearing on their character; those which are interstitial or sub-mucous and of rapid development abound in cellular elements, while the sub-peritoneal are more fibrous in character. Of the three groups under the old and (by the author) approved classification, those of the interstitial variety grow most rapidly and hence are largely composed of cellular elements. All the varieties are much more commonly developed from the fundus and body of the uterus than from the cervix, and more frequently from the anterior than from the posterior wall. The symptoms are classified under three heads: 1, disordered menstruation; 2, irregular discharges of mucus or of blood; 3, pain. The difference in degree of these symptoms affords valuable indication as to the site and character of the growth. The two chief symptoms in the author's opinion bear an inverse ratio to each other. He has also observed, that if the tumor gives rise to much pain, it will usually be found to have developed on the peritoneal side of the uterus, while if the discharge is great, the mucous side is usually concerned. The interstitial growths are akin to the submucous in the matter of discharge, though this is usually not so abundant. When a submucous tumor projects into the vagina, a sloughing process is often instituted, and under such circumstances, the condition may be mistaken for cancer though careful examination will reveal the ring of healthy tissue through which the tumor is protruding. If the growth is subperitoneal, the pain from it will be more severe if it is located on the anterior than if on the posterior wall, and the same condition obtains the nearer the growth is to the fundus. The pain is caused by interference with more or fewer of the branches of both the sympathetic and the cerebro-spinal nervous systems, and there is nothing peculiar in its character. When a vaginal examination is made, a hard and insensitive condition of the cervix renders the presence of a subperitoneal fibroid probable. If the condition is that of flexion of the uterus, both the body and the cervix will manifest the ordinary softness and tenderness of those parts. By using the sound, a tumor can be accurately differentiated from flexion of the uterus by means of the two factors, viz.: the direction which the sound takes, and its motion or lack of motion as uterus or tumor is touched. In the differential diagno-

sis between uterine and ovarian tumors when both are small, the pain in the former is unilateral, in the latter it is central. The ovarian is also softer and more elastic than the fibroid tumor. If the growth is a large one, the submucous variety necessarily causes elongation of the uterine cavity as indicated by the sound. In other varieties, the cavity may not be lengthened, but external movement of the tumor will be communicated to the sound. The history of ovarian tumors is usually well-marked and distinct from that of fibroids. In the latter, if they are large, there is almost always a more or less abundant discharge, which the former lack. The latter usually have a long history, often without much constitutional disturbance; the former grow more rapidly, usually produce constitutional disturbance and especially a decided emaciation. These and other well-established points render the diagnosis of fibroid tumors of the uterus to a great degree a matter of precision.—*N. Y. Med. Journ.*, August 9th, 1884.

THUJA OCCIDENTALIS IN CANCER OF THE UTERUS.—The tincture of thuja occidentalis has been praised at different times as an efficacious remedy for rebellious condylomata, venereal growths, etc. It has also given excellent results in simple chancre. Four years ago, J. Cheron (*Rev. de Thérap.*), who had used the drug for a long time, was particularly struck by an inaugural *Thèse* by M. J. Menier. The treatment of vegetations by the internal administration of Thuja occidentalis had given results which in his hands were absolutely conclusive. Cheron repeated Menier's experiments, and though he did not get such remarkable results, the curative action of the tincture in vegetations was well demonstrated. He found that vegetations covered with epidermis, especially those which have a semi-corneal existence, are not affected by the internal administration of thuja, so far as their disappearance is concerned; though they do diminish in size and consistence. Vegetations developed on mucous membranes, however, disappear completely when thuja is given internally; this has been abundantly shown in a great number of cases. In a word, the epithelial hyperplasias of the vegetations yield to the internal employment of thuja, while the epidemic hyperplasias do not. As regards the use of thuja in epithelioma of the cervix, Cheron's experience with it, which has extended over several years, leads him to say that in a certain number of cases, he uses the tincture internally only; in a second class, externally only; and in the third class, he uses it both externally and internally.—*Medical News*, August 16th, 1884.

FIBRO-CYST OF THE UTERUS WEIGHING ONE HUNDRED AND THIRTY-FIVE POUNDS.—The patient was a negro woman aged fifty-five years, under the care of Dr. C. C. Stockard of Columbus, Miss. The tumor had been about twelve years in growing. The abdomen measured in its largest circumference, sixty-five inches, and from the ensiform cartilage to the umbilicus, twenty-seven inches. The tumor was tapped and eight gallons and seven pints of fluid were withdrawn. The patient died soon afterwards. A post-mortem examination showed the presence of very large veins running over the surface of the tumor. The tumor itself was attached to the posterior portion of the fundus uteri by a pedicle about an inch in diameter. The solid portion of the tumor weighed fourteen pounds, and the fluid weighed at the same time, twenty-four pounds, which, with the seventy-one pounds drawn at the tapping, make one hundred and eleven pounds. Fully twenty-four pounds of fluid were lost by leakage after the tapping and during the autopsy, so that the whole tumor could not have weighed less than one hundred and thirty-five pounds.—*The Medical Record*, August 16th, 1884.

ALETIS FARINOSA IN SPERMATORRHŒA.—Dr. R. L. Hinton reports a case of spermatorrhœa in which all remedies ordinarily employed, proved unavailing. After treating the patient for six months, he ordered for him

"Alettris Farinosa," five drops to be taken three times daily. Improvement began at once, and was complete at the end of a month.—*Therap. Gazette*, August 15th, 1884.

ON THE FORMS OF INTESTINAL OBSTRUCTION THAT MAY FOLLOW AFTER HERNIA.—It is generally believed that after a week or so has elapsed after the reduction of a strangulated hernia either by operation or by taxis, and everything has gone well, the involved bowel suffers no permanent harm from its temporary strangulation. Mr. Frederick Treves shows, however, that this is not universally the case. In a certain proportion of all cases of hernia, certain changes are induced that may lead in the future to serious and fatal intestinal obstruction. The symptoms induced by this obstruction do not appear until some time after the complete subsidence of the trouble in the hernia. In some few cases, symptoms may persist after the reduction of a strangulated hernia. In one case, this may be due to a loss of power in the involved gut which has been liberated too late. In other instances, the persistence of symptoms is due to the development of acute peritonitis. In a third class of examples, the severer symptoms that may continue after the reduction, depend upon acute enteritis. Of the remote effects of strangulated hernia, we have the following presented for consideration: 1. Organic stricture of the intestine as a result of hernia. These stenoses may be regarded as of two kinds. In one form, it is purely cicatricial, and is due to contraction subsequent to the healing of a loss of substance in the mucous coats. In the other form, the gut is puckered and greatly narrowed by a well-localized and contracting peritonitis. After the reduction of a strangulated hernia, some narrowing of the gut at the constricted parts usually remains for a certain time. After a week or so, no trace of this narrowing may be left. 2. The herniated loop after reduction becomes fixed to the abdominal parietes by adhesions. The adhesion is usually over a limited extent only, and commonly involves the summit of the loop that had occupied the structure. Thus the gut becomes sharply bent at the adherent spot, and is apt to be occluded at any time by "kinking." Moreover a peristaltic wave passing along the bowel will be interrupted at the site of the adhesion. Contents of the bowel might, therefore, lodge at this point, and, therefore, produce obstruction. 3. The two ends of the herniated loop may be fixed together by adhesions. This condition can involve only the small intestine, and is the outcome of some limited peritonitis set up in the parts of the bowel that lie within the constricting neck of the sac. A rigid loop of bowel is thus formed which will probably lie free in the abdomen. 4. The adhesions between the reduced loop and the parietes may develop into a band. This "band" is twisted constantly from one side to the other by the movements of tethered bowel, and this twisting tends to make it more and more cord-like. These bands may in many ways snare and obstruct the gut. 5. To the inflamed peritoneum about the hernial orifice a part of the omentum may become adherent. In this way, is formed one kind of "omental cord," and this may become the means for producing mechanical obstruction.—*The Lancet*, June 7th, 1884.

ACUTE TRAUMATIC MALIGNANCY.—Mr. Ormsby refers to the doubts existing among surgeons as to the etiology of malignant growths; as to whether they are of constitutional or traumatic origin, a doubt which the author believes to result from a combination of these two etiological elements in each case. In healthy individuals, we find local injuries such as wounds and blows, merely go through the benign and natural processes sufficient for repair, and such injuries produce no bad constitutional or local effects whatever. On the other hand, in patients with a constitution having a hereditary tendency to tumor diathesis, small skin wounds and other slight injuries are rapidly followed by a very fast-growing malignant tumor at the

original seat of injury. From this then, it would seem that although the tumor diathesis may be present in the body of a given individual, the condition may be harmless for a certain limited time or for a very considerable period, as it requires another factor to complete the process of malignant development, and such factor is frequently contributed by a traumatism or other local irritation of one kind or another.—*The Lancet*, July 26th, 1884.

ABSCESS OF THE LUNG CURED BY INCISION AND DRAINAGE.—The case was seen in consultation by Mr. T. Pridgin Teale. The patient had been ill three months. The first diagnosis made was that of fluid within the pleural cavity. Aspiration, however, only withdrew two drams of pus. A fresh puncture was made, when very thin, offensive, and greenish pus appeared, but only in drops. About a pint of pus was thus obtained. The patient, however, became more hectic, and an operation was decided on. The pleural cavity was opened, but it contained no pus and but little serum. The lung felt dense and boggy but crepitant and elastic. On reintroducing the trocar and puncturing the lung, pus of the most fetid character appeared. The quantity discharged amounted to about two pints.

The opening was enlarged. A drainage tube about six inches long was inserted, the cavity was syringed out with a weak solution of carbolic acid and the chest was encased in carbolized tow. The after-progress of the case was extremely tedious and critical, although the patient eventually made a good recovery.—*The Lancet*, July 5th, 1884.

MORPHINE ERUPTION.—Kern gives the case of a patient to whom a suppository, containing one and six-tenths grains of muriate of morphine, was administered at noon. The next morning he sought his physician complaining of intense pruritus extending over the entire surface. Erythema supervened almost simultaneously, beginning about the perineum and scrotum. At various points scratching had given rise to the appearance of small bullæ. There was considerable fever. Next day the fever had diminished, but the erythema had spread over the entire surface sparing only the lower extremities. The penis and scrotum were much swollen. Desquamation took place by the end of a week.—*Phila. Med. Times*, Aug. 23d, 1884.

APPLICATION OF THE FORCEPS IN HEAD PRESENTATIONS WHEN THE OCCIPUT IS TOO FAR FORWARD.—This presentation occurs in two classes of persons, namely, those who have *naturally* too much anterior curvature to the vertebral column simulating lordosis, and in those who have borne a number of children, and the lordosis is gradually produced by the gravid uterus causing the abdominal muscles to pull forward the "small of the back" and causing the abdomen to appear pendulous. These cases are among those when craniotomy is often unnecessarily resorted to. Unless the forceps are applied with certain precautions in these cases, the blades are sure to slip off as soon as any traction is made. In applying the blades, owing to the forward position of the vertex, either one or both are simply placed upon the cheeks of the child somewhat anterior to the ears. Generally, however, the first blade is applied properly while the second one is gotten on the cheek only, and when applied in this manner, difficulty is experienced in locking the forceps. The only way to place the second blade in its right position is to carry the hand after introducing the blades, but before attempting to lock them, into the vagina with the index and the middle fingers extended, and pass them up into the uterus if necessary, until the anterior ear in L. O. A. positions or the posterior ear in R. O. A. positions is felt, then lift the blade on to or over the ear until it lies in the proper position over the ear, after which the handles lock with ease, and we are not further annoyed by the slipping of the forceps.—*Amer. Journ. of Obstet.*, July, 1884.

DYSTOCIA FROM DORSAL DISPLACEMENT OF THE ARM.—Dr. R. C. Long says that in cases in which the above difficulty is present, external palpation affords the most ready means of making a certain diagnosis. A peculiar, hard, angular protuberance is felt just above the symphysis pubis. This is the elbow of the arm, with the forearm thrown back of the neck. Which is the better way to deliver in such cases, forceps or version? When the pelvis is large and the head small in proportion, forceps delivery is safer for mother and child; but where the contrary exists, version is preferable on account of the liability to rupture of the uterus where such an unnatural angle presses upon the uterine walls.—*Amer. Journ. of Obstet.*, July, 1884.

TREATMENT OF LACERATION OF THE PERINEUM BY A SINGLE SUTURE.—Dr. H. J. Lee, of Cleveland, Ohio, reports three cases of laceration of the perineum successfully treated by the application of but a single suture. In these cases, the suture was applied at the very beginning of the laceration and to the very bottom of it. Thus the wound is perfectly closed, and contact of the lochia with the wounded surface is rendered impossible. All proper antiseptic precautions should be adopted.—*Amer. Journ. of Obstet.*, July, 1884.

A CASE OF INCONTINENCE OF URINE FROM MALFORMATION OF THE RIGHT URETER.—Dr. Thomas More Madden reports the case of a young lady aged sixteen years, who had always suffered from urinary incontinence. The trouble existed to such a degree as to make her disgusting to her associates. Treatment proving of no avail, an examination under anæsthesia was made. It was found then that the bladder had the power of retaining a considerable quantity of urine, and that there was no fistulous communication between vagina and bladder. But about half an inch above the meatus urinarius there was a minute orifice from which a small stream was constantly escaping but which was almost completely concealed by the rugæ of the vaginal mucous membrane. This proved to be the orifice of the right ureter.—*Amer. Journ. of Obstet.*, July, 1884.

CEANOTHUS AMERICANUS IN "AGUE CAKE."—Dr. A. R. Stiles reports the case of a lady who suffered from what was evidently an enlarged spleen. *Ceanothus Americanus* 1^x, three drops, three times daily was prescribed. She was also ordered to make an external application of the tincture to the enlargement. Within six weeks, the tumor had disappeared, and it ceased to give rise to a sense of pressure. Three months later the patient was reported as cured.—*N. Y. Medical Times*, September, 1884.

News, Etc.

THE CORNER-STONE OF THE HAHNEMANN COLLEGE of Philadelphia will be laid on Thursday Afternoon, October 30th, at 3 o'clock, with appropriate ceremonies by the Grand Officers of the Masonic Fraternity. Governor Pattison is expected to deliver an address.

BISMARCK AND HIS DOCTORS.—Prince Bismarck has dismissed his allopath for refusing to consult with Dr. Schwenniger, a homœopathic physician whose services the prince desired to secure, and the latter gentleman has been called to succeed him in the Chancellor's household. The dismissed physician—Dr. Struck—has, it is said, been "repeatedly snubbed" by Bismarck. He was refused an appointment on the International Health Commission, and has resigned from the Imperial Board of Health, of which he was President. Meanwhile his homœopathic successor "rises higher and higher."

A SCHOOL OF LARYNGOLOGY.—A department of Laryngology has been added to the New York Ophthalmic Hospital, the course of instruction being open to all physicians. The first course will commence on October 1st, 1884, and continue six months. The Faculty will consist of Drs. C. E. Beebe, J. M. Schley, G. M. Dillow, Malcolm Leal, Charles McDowell, and George G. Shelton. The course will embrace the Anatomy and Physiology of the Nose, Mouth, Pharynx, Larynx, Œsophagus, Trachea, and Neck, the diseases affecting these several parts, and their clinical examination and medical and surgical treatment.

DR. CHARLES DEADY'S REMOVAL TO TEXAS.—Dr. Charles Deady, for the past five years House Surgeon of the New York Ophthalmic Hospital, has been compelled on account of his health, to remove to San Antonio, Texas, where he will continue in the practice of his specialty, diseases of the eye, ear and throat. We shall hope for his speedy and permanent restoration to health. Should he determine to make Texas his home, our professional brethren of that State may well be congratulated.

OPENING OF THE NEW HOMŒOPATHIC HOSPITAL OF PARIS.—On the 2d of June, 1884, the "Hôpital Saint-Jacques" (homœopathic)—227 rue de Vaugirard, Paris—was inaugurated. Coadjutor Monseigneur Richard conducted the religious services.

The attendance was large and enthusiastic. Many ladies, patronesses of the hospital, were present. The sisters decorated the chapel and court with flowers.

Dr. Jousset, President of the Commission, delivered an address. He thanked the ladies and gentlemen present for the noble work which they had accomplished. He referred to the great assistance which they had rendered in "collecting the 450,000 francs which represent the cost of this hospital," and gave due credit to the former Presidents of the society, M. Raimbeaux and M. Moreau, and to M. Lacroix, Dr. Cretin, the administrator, and the physicians. The Sisters, all of whom have worked zealously and unselfishly, received due credit at the hands of their distinguished President.

Loud applause followed the President's address, after which, Dr. Cretin spoke of the various attempts to construct a homœopathic hospital in Paris, of the old hospital building, and of the various struggles through which they had passed before the present building was put in readiness. The ladies were applauded for the great assistance which they had rendered by their indefatigable efforts in behalf of homœopathy.

Dr. Cretin gave much credit to Dr. Jousset and M. F. Riant, the originators of the association; to M. Abel Raimbeaux and M. Moreau, the administrators; the late M. Dubour; MM. J. Worms, Alphen, Dauphin and Co., bankers; and finally to the architect, M. Lequeux. "It is to the zeal and devotion of these gentlemen," he said, "that you possess to-day, a hospital, simple, without luxury, but of good taste, hygienically perfect, and having for its object, the alleviation of needy, suffering humanity. Behold your work."

The hospital has forty free beds. The money for the institution was raised in sums of 10,000, 6,000, 5,000, 2,500, 2,000, and 1,500 francs and less.

Dr. Cretin referred to the best plans of continuing the work to the best advantage, of the great interest which the ladies had shown, and urged those who had already done so much not to lose their sympathy or withhold their aid.—*Bulletin de la Société Médicale Homœopathique de France*, July, 1884.

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HYBRID MALARIA.

BY W. R. KING, M.D., WASHINGTON, D. C.

IN this article I propose considering the subject of malarial poisoning in some of its phases, as briefly as possible, as exhibited in this city. There is now prevailing here, somewhat of an epidemic (if it may so be called) of this trouble, which has, for the past few years, presented certain endemic characteristics which I shall endeavor here to describe, and, to some extent, account for, also presenting several cases coming under my care.

The characteristics of the forms of malarial fevers now prevailing are, first, the fact of their indistinctness, starting with a chill, followed by fever, and scarcely ever ending in a sweat, at least in the beginning of the attack. The initial chill is rarely repeated, at least until the character of the disease is changed, and frequently not at all. When it does repeat, it is exceedingly indistinct, the patient merely complaining of a slight chilly sensation. In the majority of cases, the type of fever is remittent, tending to become more or less continuous. All efforts to break it up are futile until fourteen or sixteen days have elapsed. Sometimes, we have constipation, and at other times, diarrhœa, the latter usually, easily controlled. The tongue at first has, in many cases, a peculiar appearance—resembling somewhat the “strawberry tongue” of scarlatina—a white coating with the papillæ quite prominent, though not so bright red as in that disease. In other cases, we have a typhoid tongue, *i.e.*, heavily coated, and having a brown streak down the centre. The fever runs quite high—the temperature varying from 101° to $105\frac{1}{2}^{\circ}$ —and is accompanied by considerable thirst, great restlessness, especially at night, in some cases

a decided evening exacerbation, although there is more or less fever all day.

Summing up the characteristics of this trouble as manifested in the present outbreak, we find them to be a mixed character of the symptoms: chill, if present, indistinct; remittent type of fever, tending to become continuous; great exhaustion of nervous system; and considerable emaciation.

Case 1.—E. E. M., young man about 29 years of age—a printer—was first taken with a chill at Long Branch in August last, whilst camping with the Washington militia, immediately after arriving. He had not been feeling well before leaving home. He was removed to the hotel and made comfortable, and was put upon massive dose of Quinine by the surgeons of the corps. He had no chill following, but the fever continued with great exhaustion, and many typhoid symptoms were manifested; the fever was finally broken, and he returned to his home here and went to work, but was still far from well. He was still taking occasional doses of Quinine, 5 gr. pills every hour or two, until the stomach rebelled. On September 8th, I was called to prescribe. I found him with high fever, temperature 103°, pulse 128, diarrhœa, fetid stools with severe cutting and sore pains in epigastric region, great thirst, drowsiness, cold sweat, tongue heavily coated with brown streak down centre and red tipped, lips dry, cracked, and having brownish crusts thereon. I ordered a hot foot-bath, after which he was to retire to bed well covered with blankets. *Mercurius viv.*, internally, and later, a couple of powders of *Podophyllum*, which effectually controlled the offensive, mushy diarrhœa, were prescribed. He sweated copiously during the night “clean through the mattress,” as he described it, and next day he felt better and continued to improve until the second night when a return of fever was chronicled without, however, any other symptoms as exhibited before. Prescribed *Gelsem.* θ which seemed to control the fever, and it wore off without any sweat next morning. He now became so well that he ventured out without my consent. That same evening he was again prostrated with a severe fever (no symptoms of chill had been felt since at Long Branch nearly a month before); aching, sore pains in all the limbs, as if broken. I prescribed *Eupatorium perf.*, and this seemed to relieve the bone pains, but the fever continued. During its height, he received *Acon.* and *Bell.*, which would relieve for the time. On account of numerous stomach symptoms, he was given *Ipecac.* regularly, but with no apparent effect. *Arsenicum*

had also been prescribed off and on, on account of condition of bowels and the mixed character of the disease and anxious restlessness; this also proved unavailing. The fever gradually lost its remissions, and became continuous for three or four entire days and nights, the temperature ranging from 101° to 105° , and accompanied by a severe left-sided throbbing headache, apparently anæmic, as there was no objective congestion or throbbing of vessels of head and face. On or about the 16th day after the attack began, the symptoms subsided under the action of the Fluid Ext. of Gelsemium or Yellow Jessamine in frequent doses, one tablespoonful to four tablespoonfuls of water; and the patient rapidly recovered strength, and has repaired, at this writing, to the mountains of Pennsylvania to further recruit. This case was seen during the latter part of its course by Dr. Pope in consultation. He decided, from his experience with numerous similar cases, that very little could be done but battle with the fever until the 16th day when it would break up. This proved true in this case.

Case 2.—Brother and sister, aged respectively 13 and 15 years, were prostrated about September 10th, by a severe chill, followed by fever, and in the girl's case by sweat in the regular well-marked stages, but the boy's case was more complicated; both children had the peculiar strawberry appearance of the tongue, and, had it not been for the decided nature of the trouble as exhibited in the little girl's case, we should have been anxiously awaiting the development of scarlatinal symptoms. However, the little girl was easily disposed of, on account of the exact time of the recurrence of the chill—every evening at 9.15 precisely, followed by fever, thirst and sweat—with entire absence of febrile symptoms during the day. Quinia Sulph. in 2 gr. pills every hour for three hours before chill time, and the same remedy in the 1^x trituration, about a grain every hour during the day, served to break up the chill very promptly, and the case progressed favorably to complete recovery.

In the case of the boy, however, numerous typhoid symptoms supervened; high fever at first recurring every other day, with no chill intervening, but later, gradually anticipating and finally becoming continuous with great restlessness and at times drowsiness, extreme soreness of the limbs especially of the hands, with tingling and stinging sensations in these members relieved by bathing them in hot water; obstinate constipation and great nausea. Ipecac. Arsen. and Gelsem. were the principal remedies exhibited. About the 13th or 14th day he had a decided chill followed by fever, sweat and remission of all

symptoms; this recurred at the same time on the 2d day following. He was immediately given Quinia Sulph. 1^x trituration every hour during the intermission, and about four hours before chill time was given at hourly intervals 2 gr. pills of the same drug. After the first exhibition of the pills, he missed his chill, and is fast recovering strength and weight.

Was *Quinine* homœopathic to these cases? I consider it was just as soon as the regularity of this drug's symptomatology became manifest, and not until then. In the first case not a grain was given, as his system was already full of it and we had to combat it.

Twenty years ago, according to old practitioners, before the city was provided with the underground sewerage system and before the streets were paved with the smooth but impervious asphalt, as at present, the city was never visited by these peculiar hybrid cases of malarial fevers, but the old-fashioned shakes of the quotidian or tertian form were frequent and easily amenable to treatment; but since the above-mentioned improvements, such characteristic cases are rare—and to what is this change due?

Since the modern system of sewerage has been adopted here, and the masses of animal excreta have been emptied into the river and so becoming mixed with the vegetable matter already present in great quantities, and both decaying together and casting off their mixed poisons, the character of malarial fevers has changed, becoming mixed in its symptoms, showing incomplete symptoms of both character of poisons.

The present frequency of this form of fever in Washington, is undoubtedly due to the long dry spell now prevalent over this section of the country, producing low water in the river, and exposing the banks to the hot sun, together with the added danger from the constant dredging of the channel all summer. The filthy matter thus taken from the bottom of the river has been used for filling in the flats on the district side, subjecting all this mixed refuse to the action of the hot sun, with no rain to absorb the poison engendered; the dry spores are wafted over the city daily by the prevailing southwesterly winds.

The deleterious influence of this must be most manifest; hence, if true, the march of civilization, at least with reference to sewerage, carries its curse as well as its blessing.

CHOLERA INFANTUM.

BY RICHARD C. ALLEN, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE great mortality from cholera infantum among children of two years of age and under, claims our most careful study and thought, in order that we may have a correct appreciation of the causes of the disease, and secure the means which will the most speedily effect a cure.

In the following paper, I shall, from personal experience, offer a few suggestions respecting the treatment of this complaint. I believe cholera infantum to be a specific disease caused by the entrance of an infectious germ into the alimentary canal by means of the food. There, it sets up an abnormal chemical action, the effect of which is to produce reflex symptoms—collapse, pallor and prostration—of the most alarming character. In the early stage of the affection, the mucous membrane of the stomach and intestines undergoes but little if any pathological change; certainly not sufficient to account for the severe symptoms which usher in the disease. Children in possession of apparent health may be suddenly seized with vomiting and purging, and die in less than two days.

The prevalent notion that the eruption of the teeth produces as reflex symptoms the vomiting and purging of cholera infantum, is fallacious; hence, the practice of lancing the gums in these cases, is, to say the least, decidedly reprehensible. Dentition is a natural physiological process with which we should, under no circumstances, interfere. I have had case after case, in which every indication of an early eruption of teeth was present; yet, that process was delayed several weeks, by which time the symptoms which had, in the beginning, been attributed to the irritation of dentition, had long since disappeared.

In the treatment of cholera infantum, my experience has led me to forbid the use of milk until the violence of the attack has subsided, and the condition of the stomach is favorable to the reception of milk. In the meantime, I permit nothing but ice or ice-water to be given. If ice-water is rejected (this rarely happens), I give weak table tea, sweetened sufficiently to be agreeable. Should the symptoms not abate sufficiently in twenty-four hours to allow the retention of milk by the stomach, beef-tea and table tea should be given as nutriment.

When, however, the vomiting ceases, and the stools are less

frequent and have lost their lumpy appearance and their foul odor, and the pallor and anxious expression of the face and the restlessness have decidedly improved, milk may be cautiously given.

I can recommend most highly the use of Lactopeptin. Four grains, given three times daily, dissolved in diluted milk, beef or table tea, or water, acts in a most satisfactory manner in assisting the stomach to retain and digest the food.

Under no circumstances should we use Opium in any of its numerous preparations. It is never indicated in cholera infantum, and, consequently, can never effect a cure. It checks the motor-power of the bowels, forcing them thereby to retain their contents. It is not the retention of the passages that is so much desired, as it is to change their character to that of health. The arrest of the diarrhœa gives a false appearance of relief; but this is soon followed by symptoms more violent and serious than those which preceded its use.

The oft-reiterated instructions upon the necessity of light, ventilation, clothing, and cleanliness, cannot be too strictly carried out by the mother. When practicable, a temporary change of residence to the country or to the sea-shore may be made. I am opposed to the application of poultices and plasters to the abdomen, as I consider them worse than useless.

In many cases, I have had good results follow the administration, twice daily, of the white of a fresh egg dissolved in four ounces of water, to which is added four grains of Lactopeptin. This is particularly beneficial in cases of inanition following cholera infantum, although I have frequently made use of it during the earlier periods of an attack.

Success in the treatment of cholera infantum is largely due to the hygienic measures adopted; for, without them, our remedies have little or no value. Of the remedies on which I have chiefly relied, may be mentioned Veratrum, Arsenicum, Ant. tart., Camphor, Ipecacuanha, Aconite, Lobelia and Dioscorea.

DISCUSSION.

REPORTED BY HORACE F. IVINS, M.D., SECRETARY.

DR. J. C. MORGAN, having prepared no paper, made some remarks upon cholera infantum, its ætiology and treatment.

He said Dr. Dudley had made some interesting investigations in which he discovered the close connection between the temperature of the city and the mortality of this affection. To this Dr. Morgan agreed, but regarded the condition of the skin as the most important element in the production of the disease.

The first object, he thought, was to have the temperature modified as much as possible in accordance with the proper conditions for recovery. Pure air, and that as cool as possible, is desirable. He instanced cases of instantaneous relief from pure air and fresh water.

Very often he has found the child swathed in flannels, which he at once reduces to a single thickness; the child is then sponged and placed in a cool portion of the room where the fresh air can play about it, but in such a way that it shall not be exposed to direct drafts. When a child thus affected is in the open air, it should be guarded from strong drafts and protected from the direct rays of the sun.

If the grass is green, dry and clean, the child may be laid upon it. Unless the grass is very soft and long, it is better to place a shawl under the child.

If it vomits its food or passes it undigested—no matter what it is taking—stop it and substitute something else until the condition is relieved, when the former food may be renewed.

The doctor, agreeing with the present theory, thinks beef tea is not nutritious but stimulating, as it contains too much excrementitious matter. He believes that indigestion is the chief factor in the causation of this disease, and, therefore, places much dependence upon the food to be administered. Some form of gluten, he says, is the most digestible substance, next to the mother's milk, which can be used. If a wet nurse is employed, her child should be younger than the invalid child, since the sick infant's stomach is weakened by disease and is consequently in the condition of that of a younger one.

One of the most popular forms of food is the "Imperial Granum" which contains 98 per cent. of gluten, all other foods being adulterated. He recommends prepared wheat, barley, etc., but does not consider them equal to gluten. It is important to arrange the diet so that it shall be given in small quantities.

Remedies.—*Aconite* is one of the most important remedies in the active stage. Vomiting, purging, semi-stupor; hands and feet cold as though they had been placed in ice-water. Head and bowels congested, simulating congestive chill, with tendency to paralysis of the heart.

Cham. Seldom indicated except in mild cases when the child is fretting, etc., or when a bath is not followed by proper reaction, with mucous stools.

Argent. nit. Stools like finely chopped spinach and scattered over a large space on the napkin. *Aconite* like large chop-pings of grass and discharged like blast of wind and water.

Calc. carb. Oppressed by the process of teething. Screams almost frantically; gums inflamed.

Ratanhia. When the child has large, watery and very fetid stools, worse in the morning.

Psorinum. Fetor of stool worse than with *Ratanhia*, clinging to the clothing even after thorough washing; condition worse at night.

Mag. phos. In brain cases the best remedy; others, as *Acon.*, *Bell.*, etc., must not, however, be neglected in this class of cases. In spasms, meningitis and most ailments of the nervous system, no matter what the origin, *Mag. phos.* acts well.

DR. P. DUDLEY opened the discussion proper. He did not agree with Dr. Allen in reference to the ætiology of cholera infantum, but believed that the condition is often due to irritation involving, in some way, the nerve-centres. He has cured several of his cases this summer by the use of *Acon.* "There is," he stated, "with these *Aconite* cases, a band of high temperature around the head, while the top of the head *may* be cool." The back of the head may be hot or cool. He does not believe that cholera infantum nearly always originates in the gastro-intestinal mucous membrane; there is, he thinks, a pre-disposition existing, perhaps months before the attack. This, together with the exciting cause gives rise to the affection. He cited Dr. Knapp's theory of a scorbutic tendency. Each year the sum total of deaths has been about the same; but it is now gradually falling off. This decline he attributes to two causes.

First. The better dietary precautions.

Second. The greater number of children who are removed to the fresh, pure, country air.

Cholera infantum begins about the middle of June; from the twelfth to the twentieth of July it reaches its height and then gradually declines until the later part of September, or the early part of October, at which time it ceases. Three consecutive days of hot weather make it an epidemic. One cool day lowers the number of deaths 20 per cent. to 40 per cent. The child begins to cut its teeth at about seven months, but the majority of the fatal cases occur before six months. The 5th month is the most fatal; the 4th, 6th, 7th and 8th being less so.

The doctor, therefore, thought that buccal irritation is not the cause of this disease, though it most likely aggravates the condition and may produce convulsions. Not alone the development of the teeth, but the growth of the bones, muscles, etc., may cause these troubles in children. For the bones in their

growth need mineral matters, of which they rob the brain and thus affect its growth and function.

DR. DUDLEY agreed with Dr. Morgan that the regular diet should be suspended for the time being and some other form of food substituted. He disapproves of alcoholic stimulants in choleraic conditions.

Dr. C. MOHR does not think it necessary to proscribe the use of milk simply because it disagrees with the child, preferring rather to seek for the remote cause of the disturbance, perhaps in the mother, when by correcting her condition—by hygiene or medication—the milk will again, in most cases, agree with the child.

He cited three cases to prove the importance of seeking for these remote causes.

The first case was that of a little child with loss of appetite, vomiting. After taking nourishment, constant pains in the abdomen, or muscles, with diarrhœa; nervousness marked. If the child was "taken up" it would cling to its mother as if afraid of falling.

Borax was prescribed without effect, and after several weeks of fruitless treatment, the doctor discovered that the mother was in the habit of washing the child with borax-water.

Cham. was prescribed and speedily cured the case.

In the second case the child had had several attacks of vomiting and diarrhœa, alternating with constipation. At the time to which the doctor refers, the child had cut two incisor teeth while two were not yet through.

After a time it was ascertained that when sitting upon the floor it had the habit of picking up and swallowing woollen fibres. These were subsequently discovered in the passages. This habit having been broken up, the child at once recovered.

Third case was that of a child, five months old, which had suffered from vomiting and diarrhœa from the day of its birth; much emaciation. The child had been treated by a good practitioner of the "old school" who had given every form of food and many medicines without relief.

When Dr. Mohr took charge of the case he obtained some improvement from hygienic treatment and the withdrawal of the crude drugs. He found that the mother was greatly influenced by changes of atmosphere. During her last pregnancy she had a constant sick stomach with spells of vomiting preceding, during and following a thunder-storm. At these times, drinks, especially if warm, were vomited. The child was similarly affected. The mother received Phos., curing both herself and child.

DR. T. S. DUNNING believes that few of the many cases which are called cholera infantum are really that disease. He thinks they are cases of indigestion, in which cases suitable food for the child will relieve the condition. According to his experience nearly all these cases occur in children who are artificially fed; the exceptions to this rule are when the mother's milk is poor or when she is again pregnant.

With true cholera infantum the onset is sudden; the child, for example, going to bed well although it may be restless through the night. In the morning it may be taken into the open air, when it is suddenly seized with an attack of vomiting, and in an hour from that time it may be in a state of collapse. He recommends the use of ice-water, but thinks milk should be withheld for a few hours.

DR. J. B. KNIFFIN recited a case similar in origin to the one first described by Dr. Mohr. He prescribed Borax for a stomatitis, thus greatly aggravating the condition. The mother was accustomed to cleansing the child's mouth with borax-water.

DR. MORGAN considered Bry. the most important remedy for sea-side diarrhoea and for that condition when caused by hot, sultry summer weather with vomiting or purging.

DR. R. C. ALLEN said that the cases which he called cholera infantum belonged to that class described by Dr. Dunning. He has not found the mortality and temperature to go hand in hand.

AN EXTEMPORANEOUS LECTURE ON LACHESIS.

BY E. A. FARRINGTON, M.D.

(Stenographically Reported for the *HAHNEMANNIAN MONTHLY*.)

SUBSTANCES derived from the animal kingdom comprise remedies of all degrees of activity, from those which are exceedingly poisonous to those which are comparatively innocuous. But the average remedy derived thence is characterized by its severe action and power of exciting the animal passions. Of course, these statements are very general, but then the subject under consideration, the whole animal kingdom, is very general. Those remedies from the animal kingdom which are comparatively inert are animalized mineral substances; as, for example, coral and sponge, substances that are so low in the animal kingdom as to give, in addition to slight animal qualities, those of the mineral as well. Mineral substances drawn from the animal kingdom are more active than they would be taken

from the lowest kingdom. For example, Iodine in the sponge. This differs so from the mere chemical Iodine, we admit that there is something added to it from the animal kingdom. Calcareous phos. prepared from bones has a different and more potent action than that manufactured in the chemical laboratory.

In considering the remedies derived from the animal kingdom, we come first to the large family, formally called *Ophidians*, or snakes proper. Of those which we use in medicine, we have first the *LACHESIS TRIGONOCEPHALUS*. This was proved by Dr. Hering, sixty years ago. Next we have the *CROTALUS HORRIDUS*. There is also a South American species, proved by Dr. Muir, the *CROTALUS CASCABELLA*. This has a few symptoms which will not yield to the administration of the other species. Then there are the *NAJA TRIPUDIANUS*, one variety of the cobra, and the *ELAPS CORALLINUS*, so called from the shape of the scales on the back, which have something the appearance of coral. Lastly, there is the *BOTHRUPS LANCEOLATUS*, a remedy which, for a year or more, I have vainly tried to procure. It caused symptoms similar to that peculiar condition known as aphasia. Of these poisons, the first four are commonly used in medicine.

To get an idea of a class of medicines derived from one source or similar sources, it is well to study them in a group, and see what symptoms they have in common. The poison of the snake is generally held in a little sac behind the fangs. On the under surface of the fangs is a small groove, into which empties a little tube that conveys the poison from the gland. When they are not in use, they lie back on the roof of the mouth. If the animal is excited, it opens its mouth, the fangs are pushed forwards, and at the same time, by muscular action, etc., a drop of the poison runs down the canal, and into the punctured wound. Now, what follows? That depends on various causes. The poison is more potent at some times than at others. The more angry the serpent is, the more active is its venom. If, in inflicting the wound, the fang passes through the clothing, some of the poison may thus be absorbed. Again, the power of resistance of the individual has some effect. You may divide the effects of the snake-poisons into three sorts: First, that which may be compared to the action of a stroke of lightning, or a dose of Prussic acid. Immediately after the bite, the patient starts up with a look of anguish on his face, and then drops dead. This represents the full, unmodified, lightning rapidity of the poison. In the second form, commonly, the part bitten swells and turns, not

a bright red, but rapidly to a dark purplish color, the blood becomes fluid, and the patient exhibits symptoms like those characteristic of septicæmia. The heart increases in rapidity, but lessens in tone and strength. The patient becomes prostrated, and covered with a cold, clammy sweat. Dark spots appear on the body, where the blood settles into ecchymoses, the patient becomes depressed from weakness of the nervous system, or from poverty of the blood, and then sinks into a typhoid state, and dies. Or, there follow nervous phenomena. The patient is seized with vertigo. Dark spots appear before the eyes; blindness; a peculiar tremor all over the body; face besotted; dyspnœa, or even stertor. Or, it may assume a slower form. After the vertigo or trembling, the patient remains weak, and the place of poisoning becomes dark or gangrenous. All the discharges, the sweat, the urine and the fæces, are offensive. Dysenteric symptoms of a typhoid character show themselves. The patient goes into a low state, and finally dies. These are all phases of one action of the drug, the power of the drug to affect the blood and the nerves. A small dose of Lachesis may make the prover feel as if he could study without fatigue. He grows loquacious, jumping from subject to subject. There is nervous excitement. A story, for instance, excites him unduly. Anecdotes move him to tears. Quickly the opposite state appears. The nervous symptoms change to prostration, or even complete paralysis. Nerves especially affected by the snake-poisons seem to be the pneumogastric and spinal accessory; consequently, you expect to find, as eminently characteristic, symptoms of the larynx, of the respiration, and of the heart. All of them cause choking, constrictive sensation, coming from irritation of the pneumogastric. All of them have dyspnœa and heart-symptoms.

It has been found that the snake-poisons coagulate the blood; but soon the blood is so far decomposed that it has no longer the power to thicken. It becomes liquid, dark, and oozes from every orifice of the body. Thus are hæmorrhages produced, which are characteristic. They are most noted under Lachesis and Crotalus, less in Elaps, least in Naja. You already see in what class of diseases you will find these poisons curative: in low grades of inflammation, in carbuncle, gangrene, adynamic states, fevers of typhoid types, etc.

They produce a staining of the skin yellow. This is not jaundice, and must not be confused with that affection. It comes from the blood, and is due to the decomposition of that

fluid, and not to the staining of the skin with bile. This is most marked in the *Crotalus*. Again, you may find that the skin is dry and harsh, as if there was no vitality in it, or it may be clammy, more characteristic of *Lachesis*. The discharges are fetid, even the formed fecal stools of *Lachesis* are horribly offensive. As the heart is weakened by all, we find as characteristic, running through them all, weak heart, cold feet, and trembling—not the trembling of mere nervousness, it is the trembling of weakness from blood-poisoning. The cold feet are not indicative of congestion, as you find under *Belladonna*. They are attendants upon a weakened heart.

Under *Belladonna*, the head is hot, and the feet are cold, because the blood is surged toward the head. Under the snake-poisons, the feet are cold, because the heart is too weak to force the blood to the periphery.

All of the snake-poisons cause inflammation of the cellular tissue. Accordingly, we find them valuable, when cellulitis arises in the course of typhoid fever, diphtheria, etc.

Antidotes for these poisons are numerous. There is no doubt that alcohol is a powerful antagonist to the snake-venom. It is remarkable how much alcohol can be swallowed by persons bitten by serpents, without the manifestation of the usual physiological effects. Whiskey or brandy can be used and in large quantities, until it produces its own effects. Dr. Hering recommends radiating heat as an antidote. The part bitten should be held close to a hot fire. Ammonia and permanganate of potash have been recommended as antidotes, and cures have been claimed for each.

Now let us consider *LACHESIS*. First of all, in order that you may comprehend the subject, I wish to refer to those symptoms which are universal. We notice that *Lachesis* is especially suitable to persons who have a peculiar sensitiveness of the surface of the body. Even if the patient is lying in a stupor, and you touch him, as when you try to feel his pulse, he will show that he is disturbed thereby. Hard rubbing or pressure may cause no trouble at all. Dr. Hering, who first proved *LACHESIS*, could never tolerate tight clothing about his neck. He always wore his collars loose. He noticed that during the proving this symptom annoyed him more than usual, so he faithfully made note of the occurrence, but did not place much value on it. Since then, the symptom has been confirmed many times in practice, and has been found true, not only as a local symptom of the neck, but a symptom of the body universally. The explanation seems to be that

there is an irritation of the peripheral nerves, and because of this the patient cannot bear touch or slight pressure. It is no evidence of inflammation, and must not be confounded with the inflammatory soreness of Aconite, Arnica, or Belladonna.

Next we find that the drug is most prone to affect the left side of the body. Homœopaths have been criticised for attributing to drugs the power of acting on one side of the body, in preference to another. The simple fact that disease chooses sides ought to be enough to lead one to believe that drugs choose sides. The left side of the body is more apt to be affected by drugs having a depressing action, because that side of the body is the weaker.

Another peculiarity of LACHESIS, arising, probably, from its action on the pneumogastric nerves, is its influence on sleep. This is a universal symptom, that the patient is worse from sleep; *he sleeps into an aggravation*. This latter is more marked than the former. If it is true that the Lachesis has an influence on the centres of respiration, and is a weakening drug, we can understand why sleep should aggravate. During our waking hours we have some control over respiration. During sleep this voluntary control is lost. It is when this change takes place that the weakening effect of Lachesis is asserted.

Lachesis is a very valuable remedy at the climaxis, for the reason that the woman has exhausted herself by frequent pregnancies and by hard work. In this worn-out condition there occurs a sudden cessation of the menses. Non-appearing discharges make the Lachesis patient worse. Perhaps, before the climaxis, she was worse before than during the flow. The pulse is trembling. There are the peculiar headache, and the annoying symptoms of the mind, showing that the Lachesis here presents no exception to the rule that it acts on debilitated and weakened persons.

Now, let us consider some of the symptoms of Lachesis in detail. First, as to the mental symptoms. The patient is nervous, anxious, loquacious, jumping from subject to subject; sometimes with fear of being poisoned. He refuses the medicine you offer. Sometimes the anxiety assumes a peculiar type, and he imagines that he is dead and preparations are being made for the funeral. The delirium is of a low, muttering type. At other times the patient seems to be going deeper and deeper into a torpid state, with coolness of the extremities, trembling of the hands and body. When asked to protrude the tongue,

it comes out tremblingly, or catches in the teeth. Or, if he does get it out, it is trembling, and is usually coated dark brown, sometimes with little blisters on the tip. The lips crack and ooze dark blood. Loquacity is commonly followed by depression, weakness which amounts to a typhoid state; then they are delirious, which is not of the violent Belladonna type. The prostration or paralytic state is illustrated by the tongue; the typhoid type by the dark coating on the tongue. The paralytic state of the brain is shown by the difficulty in protruding the tongue and its catching on the teeth.

Headache worse in or over the left eye, of a throbbing character, with sharp pains, very severe, which may come at the climax, or as the accompaniment of an ordinary cold, relieved as soon as the coryza appears. There is a universal characteristic, so soon as a discharge is established the patient feels better. I have relieved dysmenorrhœa with Lachesis when there was a headache preceding the dysmenorrhœa but relieved so soon as the flow is established.

The headache may also arise from disordered stomach or bowels; or may be an accompaniment of fevers, and of diseases of zymotic origin. The patient has an upward tendency of the blood, with throbbing in the head, dark redness of the face, puffed face, confusion of the mind, all the way from simple confusion to absolute stupor, often accompanied, too, with partial blindness, palpitation of the heart, and fainting. The pains about the head are briefly as follows: sharp sticking which seem to concentrate at the root of the nose. At other times, the pains go from the zygoma to the ear. This direction of the pains is characteristic. As a parallel of this shooting pain from zygoma to the ear, we have pains from the head, going down through and into the eyes. These all are characteristic pains of Lachesis. There is an additional one that I will now mention, which is probably of rheumatic origin: pains in the head, going down into the shoulders and neck of the affected side, and often accompanied with slight stiffness of the neck, either catarrhal or rheumatic.

You may have Lachesis indicated in more severe forms of head trouble; for instance, in inflammation of the membranes of the brain; sharp pains in the head, making the patient scream out; tongue showing elevated papillæ; strawberry tongue; patient rolls the head from side to side, and bores it into the pillow. Particularly useful is this when an exanthem, scarlatina or erysipelas, has not developed or has been re-

percussed. The patient is at first very drowsy, but unable to sleep; trembling or palpitation of the heart. Soon stupor ensues, and he becomes heavy and sleepy, and you can rouse him with difficulty.

Considering the action of *Lachesis* on the special senses, we find the eyes to be affected by this drug. Dimness of vision is caused by it; dark spots before the eyes; sight suddenly seems to fade away; feeling of faintness and palpitation of the heart; with these, nervous trembling. *Lachesis* is one of the remedies which we use in apoplexy, when there is paralysis of the left side of the body; the tongue in being protruded turns to one side. We may use it also with good effect for what we may term retinal apoplexy. There it acts very well in causing an absorption of the blood.

In diseases of the ear, *Lachesis* may be remedial for roaring and singing in the ears, and different sorts of tinnitus aurium, which are relieved by putting the finger in the ear and working it. This shows that the tinnitus is not of congestive, but of catarrhal origin. The wax is altered in quality and becomes pasty and offensive.

The face in the *Lachesis* patient varies, of course, with the condition that obtains in the system at the time. In many of the diseases in which the remedy is indicated, the face has an earthy pallor. In exanthematic diseases it is apt to be bloated or puffed; bluish red; if the eruption comes out, it comes out sparsely and is of a dark color.

Lachesis is indicated in erysipelas of the face. Characteristically, it will be most marked on the left side. The face at first may be quite bright red, but it soon takes on a dark bluish hue. There is considerable infiltration into the cellular tissue, so that we have puffiness of the eye of the affected side. Now the characteristic condition, whether it be the red face or the more characteristic bluish face, is the accompanying weakness. Even from the beginning, when the skin is yet red, the pulse, though accelerated, is weak, the feet are apt to be cool, and the head is affected sympathetically, so that the patient readily becomes drowsy, with muttering delirium or the opposite condition of pseudo-excitement; the loquacity, which I have already mentioned, obtains.

Next we take the nose, throat and chest, so far as catarrhs are concerned. *Lachesis* produces nasal catarrh, watery discharge from the nose, which is often preceded by throbbing headache, worse in the left temple and forehead, which is relieved as the coryza establishes itself. Accompanying this

coryza are sometimes vesicles about the nose, redness, puffiness of the face and lids, creeping chills over the body, palpitation of the heart, and great relaxation of the whole system; hence it is suitable for a cold, which is apt to occur in relaxing weather, consequently in the spring of the year. The cold may extend to the throat, and then we will find that the tonsils are enlarged, particularly the left, or, in the sick, with tendency from the left to the right tonsil. The throat, when examined, exhibits a bluish red hue, not bright or rosy red, the patient complains of frequent sense of constriction, as though the throat was suddenly closing up, or a sensation as though there was a lump in the throat which he must constantly swallow, but which as often returns. Unless the tonsils are going on to suppuration, he will be better from swallowing solids, while liquids and empty swallowing increase the annoyance and pains. I except suppurating tonsils because, when they are large and stop up the fauces, nothing can be swallowed; then the attempt to take anything is followed by a violent ejection of the same through either the mouth or nose. But with the ordinary catarrhal sore throat, when the tonsils are not parenchymatously swollen, the swallowing of food often relieves the irritation for awhile.

The cold may travel farther down and involve the bronchial tubes, when a different class of symptoms may develop. The patient may suffer from tickling, irritating cough, which is especially apt to come on as he drops off to sleep, arousing him as if he was choking. He can bear nothing to touch the larynx or throat, so that he loosens his neck-band. These, briefly, are the catarrhal symptoms of Lachesis.

But suppose, while we are considering this locality, we look to more serious affections which may manifest themselves in these parts, diphtheria for example. Lachesis may be indicated in diphtheria of one or all of these parts. Symptoms for which you will be called upon to prescribe it, are very much those that I have already given you, with these points in addition: the discharge from the nose is thin, sanious, and excoriating, a really dangerous objective symptom. The throat is, if anything, a darker red than in the catarrhal state. The membrane is more on the left tonsil, or has an inclination to go from the left to the right. It early develops that gangrenous state which obtains in diphtheria, with the attendant fetid breath, and the increased danger of systemic infection. The tissues surrounding the throat are often infiltrated so that you have swelling of the glands about the neck, and also of the

cellular tissue. The child is drowsy, even though feverish, the heart, though beating more rapidly than natural, is evidently greatly weakened, as shown by the feebleness of the pulse and coolness of the extremities. This is the kind of diphtheria from which you can hope much from the use of Lachesis. The diphtheria may travel down the larynx, and the remedy still be indicated. You must not infer from what I have said that Lachesis is *the* remedy for laryngeal diphtheria; but when it has the characteristic symptom which I will mention, it may be needed; the patient arouses from sleep smothering, and has a diphtheritic, croupy cough. Again you may find Lachesis of great service in affections of the lungs. We may use it in asthma when there are present one or more of these few symptoms. The patient arouses from sleep with the asthmatic paroxysm and cannot bear the least pressure about the neck or chest, finally he coughs up a quantity of watery phlegm *with great relief*. This last is a neglected characteristic of Lachesis in asthma. I have succeeded with it in relieving an asthmatic for months.

You may use the drug in phthisis, not to cure, but to relieve. Remember it when, in the course of typhoid fever, tubercles have been deposited in one or the other lung. Secondly, you may use it in the advanced stages of tuberculosis of the lungs when the patient has a gagging, retching cough, which arouses him from sleep, and which ends in expectoration of tough, greenish, muco-purulent matter, which is gagged and vomited rather than clearly expectorated; when the patient sweats in every nap, the sweat being the most copious about the neck, shoulders, and chest; and when the strength is greatly reduced and the pulse indicates extreme prostration.

Next we turn our attention to the alimentary canal from the mouth down. I referred to the tongue in speaking of the typhoid condition. Lachesis is useful for weakness of digestion, patients who, from some vicious habits, from abuse of mercury, or of quinine, or of alcohol, have their stomachs so exhausted, that even the plainest food causes indigestion. Acids especially disagree, although the plainest food will cause heavy feeling after eating. Sometimes a gnawing pain is relieved while eating or immediately after, but soon heavy, dragging feelings and other symptoms of indigestion show themselves. Among the cravings is that for oysters, which may sometimes not disagree.

The liver is affected by Lachesis. Like all the snake-poisons, it causes jaundice. The usual symptoms are present;

even when abscesses form, it may be useful by reason of the tenderness on pressure, intolerance of clothing, and deep throbbing on the right side.

The bowel symptoms are not numerous, though they are important. We find diarrhoea caused by the drug, watery, offensive stools, but more often constipation, with this peculiarity that the stools, though fecal and formed, are horribly offensive, being compared by one prover to the odor of asafoetida, or even to the odor of decaying snakes. So characteristic is this offensiveness of the fecal movements in Lachesis that it becomes highly indicative of the drug in low forms of disease. You may confidently give Lachesis when this sort of stool exists. The rectum and anus are affected so that there is constant tormenting urging in the rectum, but not for stool. It is merely a spasmodic condition of the bowels with an unduly irritable sphincter. Another symptom is, the patient is desirous of straining at stool, but cannot do it for pain in the sphincter ani; the rectum protrudes and is held by the constricted sphincter ani; after stool there is often a sensation in the rectum as from the beating of little hammers. These symptoms are common enough in dyspeptics, particularly those who have abused alcohol.

Next the genital organs. Lachesis causes in the male an increased lasciviousness with diminution of the physical powers. The mind is a prey to all sorts of allurements, but erections and emissions are imperfect. Upon the female organs Lachesis acts very powerfully. It seems to have special affinity for the ovaries, particularly the left ovary; ovaritis, ovaralgia, tumor, may be relieved, when there are tenderness to pressure of the clothing and other characteristic symptoms of the drug. Menses scanty, feeble, blood lumpy, black; pains in the hips, bearing down in the left ovary,—all better when the flow is established.

Now, the heart, circulation and fevers. Lachesis, as I have already intimated, affects the circulation markedly: it causes flushing of heat, as at the climax, rush of blood headward, with coolness of the feet, palpitation of the heart, with feeling of constriction about the heart as if tightly held in cords. These latter symptoms, with the oppressions of the chest, the dyspnoea on awakening, inability to lie down, have led to the use of Lachesis in hydrothorax and hydropericardium when dependent on organic disease of the heart.

Lachesis is indicated in general dropsy when the urine is dark, and the skin over the oedematous parts is dark bluish

black. I remember a man, sixty years of age, who had just this sort of dropsy, and continued to live for six months under the action of Lachesis, and whose death, when it came, was painless.

I need not dwell upon the fevers of Lachesis, because I mentioned them in speaking of the mental symptoms of the drug. I may, however, speak of the intermittent fever, in cases which recur in the spring time in spite of the use of quinine in the fall. The chill comes on at one or two o'clock in the afternoon during the chill; and here is a symptom which is characteristic, the patient feels that he must have clothing piled on him, not so much to keep him warm as to keep him still. Desire to be held is also under Gelsemium. The fever is characterized by burning pungency, by the oppression of the chest and the heart, and by the associated drowsiness or loquacity.

The general symptoms of Lachesis have been so far included in what has been said that they need not be dwelt upon. In carbuncle and in cancer, however, we think of it when the surface is swollen around the carbuncle, and pus forms very slowly. Lachesis, given under these circumstances, increases the quantity and improves the quality of the pus. The patient's strength will improve greatly.

In malignant pustule Lachesis may be used, but you should accompany the remedy with brandy. That is an experience of Dr. Dunham.

I have briefly detailed the leading characteristics of Lachesis, and now I wish to place it properly among its analogous remedies. First, *Crotalus*; this is very similar to Lachesis in many of its symptoms. Perhaps I can differentiate best by giving you the distinctions between the two. *Crotalus* has been found preferable in yellow fever when the black vomit obtains. It is also considered the better of the two for the dangerous epistaxis which is so dread an accompaniment of diphtheria.

Naja seems to differ from Lachesis in the preponderance of nervous phenomena. It is the preferable of the two in heart disease when the valves have become affected by rheumatism, by endocarditis, and accompanied by blowing sounds, by sharp pains through the left chest, fronto-temporal headache, great depression of spirits, and violent, agitated beating of the heart. So well does *Naja* act in these cases that under some circumstances, it has removed valvular disease, and in other instances, has modified the violence of that affection. In

women, Naja may be used when there is pain in the left ovarian region.

Elaps is the best of the serpent-poisons for affections of the right lung, especially for hæmorrhage of dark red blood, also with bloody diarrhœa. Frequently, too, Elaps develops a condition of the stomach rendering it intolerant of anything cold. Ice, ice-cream, fruits and other cooling things lie like cold lumps in the stomach.

Tarentula Cubensis is an invaluable remedy in diphtheria when there are fever and restlessness, offensive odor from the mouth; malignant forms. It is also useful in cases of carbuncle akin to Lachesis. It helps the atrocious pain of cancer and carbuncle when the surface is dark red or bluish.

THE NATURAL PRODUCTION OF MALARIA, AND THE MEANS OF MAKING MALARIAL COUNTRIES HEALTHIER.

CRUDELI delivered an address on the above subject at the meeting of the International Medical Congress at Copenhagen. The speaker denied that intermittent and pernicious fevers are engendered by putrid emanations from swamps and marshes. Malaria is produced nearly everywhere, in marshy districts as well as in those which might almost be called arid, in a volcanic soil as well as in the deposits of the miocene and pliocene periods, in a soil rich in organic matters as well as in one containing almost none, in the plains as well as on the hills or mountains. Crudeli adheres to the idea that the peculiar ferment to which malarial disorders are due, is formed of living organisms. He denies that it is a product of chemical reactions taking place in the ground, inasmuch as the soils in which it is produced are of the most varied chemical composition. The progressive intensity of the morbid production in abandoned malarious districts supports the theory that the ferment is formed of living organisms. In many of these places, the physical conditions of the soil have undergone no appreciable change during centuries. There are peculiarities in the local charging of the atmosphere with malaria which can be explained only in this manner. If the malarial miasm were composed of gaseous bodies emanating from the soil, or rather of chemical ferments formed beneath the ground, and raised into the air by gases or watery vapor, the charging of the atmosphere with the specific poison ought to arrive at its maximum during the hottest part of the day. But this is very

different from what actually occurs. In 1879, Klebs and the speaker, after a long series of preparatory studies, recognized the malarial ferment in the schizomycete bacillus. Recently Marchiafava and Celli have succeeded in demonstrating that the genus of this schizomycete attack directly the red globules and destroy them. This ferment can flourish in soils of very varied composition, and without its presence neither marshes nor stagnant pools of water are capable of producing malaria. All earth containing this ferment is not capable of poisoning the superjacent atmosphere. The organism may live for centuries in an inert state without losing any of its deleterious power. There are three conditions favorable and necessary to the multiplication of the malarial ferment contained in the soil, and to its dispersion through the superjacent atmosphere. These are a temperature not below 67.5° F., a very moderate degree of permanent humidity of the soil, and the direct action of the oxygen of the air upon the strata of earth which contain the ferment. If a single one of these conditions be wanting, the development of malaria becomes impossible. Nature may suspend the production of malaria in various ways. Thus winter brings about in every country a freedom from malaria which is purely thermic. Sometimes during very hot and dry summers, the heat extracts all the humidity from the malarious soil, and thus procures for us a freedom from the disease, which is purely hydraulic. Nature also renders a district healthy by covering a malarious soil with earth which does not contain the malarial ferment, or with a matting formed of earth and the roots of grasses growing closely together in a natural meadow. Artificial attempts to suspend malarial action are copied after nature. During the hot season, the ground is deprived of its humidity by digging open or closed ditches, intended to draw away large bodies of water. Other methods of drainage are also in vogue. Trees tend to the perpetuation of malaria by preventing a thorough evaporation of moisture from the earth's surface by the action of the sun's rays. It has also been thought possible to practice drainage from above by means of plantations of certain trees which would draw considerable moisture from the earth. But, in accordance with the idea that malaria is a product of paludal decomposition, the trees selected have almost always been the eucalyptus. It has been maintained that trees of so rapid a growth ought to drain the soil very actively, and also that the aroma of their foliage ought to destroy the miasmatic emanations. Crudeli has, however, been unable to verify a single instance of the destruction

of malaria by eucalyptus plantations. In the original home of the eucalyptus, there are eucalyptus forests which are very malarious. It has often been thought that a suspension of malarial production would be better assured by suppressing at the same time the humidity of the soil and the direct action of the oxygen of the air upon the superficial strata of earth which contain the ferment. This has been successfully accomplished by the system of overlaying. This consists in covering the infected soil by thick layers of uninfected earth carried there either by the muddy waters or by the hand of man. The ideal method of insuring freedom from malaria is to so modify the composition of the infected soil as to make it sterile as regards malaria, without taking from it the power of furnishing products useful for the social economy. Forced cultivation of the soil has in some instances effected these changes; but if that has happened, it has happened by chance, and we are unable to produce the result at will. The first effect of forced cultivation, which requires an overturning of the soil, is to increase the local production of malaria. This first mischievous effect is often gradually weakened by the continued cultivation, and may end by disappearing. Forced cultivation cannot be accomplished without the presence of agriculturists in the region during the entire year; and the agriculturists cannot remain in the region during the fever season, for they run thereby too great a risk. For the solution of this question there is but one means: try to increase the power of resistance of the human organism to the attacks of malaria. Individual acclimation is impossible. Crudeli, therefore, proposes that arsenic be administered to the residents of the infected locality in doses of $\frac{3}{400}$ of a grain daily. The drug should always be given when the stomach is empty of food. Experience has proved its value. Quinine is valueless for the chronic effects of malaria, and besides, when this drug is given for any length of time, it has deleterious effects. Magliori has been led to the discovery of a very simple remedy for chronic malarial poisoning, namely, the decoction of a lemon. It is prepared by cutting up one lemon, peel and all, into thin slices, which are then put into three glassfuls of water, and the whole boiled down to one glassful. It is then strained through linen, squeezing the remains of the boiled lemon, and set side for some hours to cool. The whole amount of the liquid is then taken fasting. Crudeli has had opportunities of proving this valuable property of the lemon.—*Medical Record*, Aug. 23d, 1884.

SYPHILIS AND ITS RELATIONS TO MARRIAGE.

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(Read before the Philadelphia County Homœopathic Medical Society.)

ONE of the first and most persistent questions the unfortunate victim of syphilis puts to the physician is, "Can I ever marry and have healthy children?" This is universal. Be he a youth hard at work sowing his wild oats, who, if he has ever given marriage a thought, has done so after the manner of "to-morrow we will get sober," to-morrow being a vague point in the distant future; be he an old and confirmed bachelor, a scoffer at the marriage state, a woman-hater even, the question is always the same. Like the apple in Paradise, as soon as it seems out of his reach or forbidden, man covets it and that at once.

It is hardly necessary to go to the lands of monarchs and noble families to find reasons for the desirability, nay, necessity of marriage in certain cases. We meet with them daily, and they will suggest themselves to every one. There are, moreover, some individuals, who will marry in spite of all we could say, and, taking in the situation, it behooves us, if they can be brought to such a condition that they will be alike harmless to their wives and posterity, to insist on their postponing marriage until the most favorable moment. Further, syphilis exerts a marked moral influence on its victims. They are, when once aware of its presence, filled with dread, even despair, on account of the popular ideas concerning the ravages of the disease; this, however, soon wears off, and much may be done by the physician to quiet their fears. But tell such individuals that marriage is forbidden them forever, and you ostracize them, so to speak, and give them a kick down the hill leading often to their moral and physical destruction.

We are, then, in the position of philanthropists as well as judges, and our decisions are no less important than those given from the bench. We must decide for the best interests of our patients, not allowing ourselves to be influenced for a moment by the thousand and one appeals made to our sympathies and feelings; be guided merely by clinical data and a knowledge of pathology; be philanthropists but heartless ones.

But enough of this. We will, I think, all agree that there are circumstances which make it *desirable* that a man who has had syphilis should marry. I say man, for, in the vast majority of instances, it is on him that judgment must be passed. Of the woman, I shall have occasion to speak later on.

How then may he be dangerous?

1. To himself, *i.e.*, late lesions of the disease may so affect important organs and structures as to render him useless, disfigure, cripple, or even cause death. We should take this point into consideration just as much as when asked to pass judgment on one who has a tendency to cancer, tubercle, etc.

2. He may infect his wife directly. Nothing more easy and nothing more common—a mucous patch, an erosion, and the harm is done.

3. He may transmit his disease directly to his offspring.

I have entered into this subject more in detail, in a paper presented to the State society at its last meeting, and need only state the conclusions I have there drawn, referring you to the same for judgment.

4. He may infect his wife indirectly through pregnancy. She will present either syphilis running its usual course; vague, irregular, and late manifestations, which are, however, characteristic of the disease and yield readily to its remedies; or she will be, at least, proof against inoculation.

There are other possibilities, but they scarcely deserve mention on account of their extreme rarity.

Such, then, being the dangers, can we, in justice to our patients and ourselves, ever allow such a man to marry? In other words, can we positively cure him, and, if we can not, can we render the poison innocuous to him, his wife, and his children?

It is very generally believed that syphilis is incurable, and there is high authority in support of this view. Cases without number can be cited where specific symptoms have appeared 10, 20, 30, 40, and even 50 years after infection. The instances of reinfection, of which there are a few, do not prove beyond a doubt, that the cachexia had disappeared, that late symptoms were not present or could not have afterward shown themselves. We know that the disease has lost its infecting power as well, probably, as that of transmission in the tertiary stage, and there is nothing to show that the individual is still proof against reinfection; yet syphilis, to-day and here, can be practically cured, and that not only as regards the comfort and safety of the individual but the health of his wife and children. A term of from one to two or three years usually suffices, and neither patient nor physician hear anything more of it, a period, be it well understood, in which systematic and careful treatment has been carried out.

This is, however, not true of the female; she is liable to

very dangerous late lesions, and her power of transmitting the poison is much greater and more long lasting than that of the male.

Fournier's monograph (*Syphilis et Marriage*, Paris, 1880) is classical, and every physician ought to be familiar with it before answering this question. His conditions are, perhaps, a little more severe than would be required by some, and Hutchinson, in the preface to the English translation, recommends a greater leniency. Others, again, would make them more rigid, but on the whole, they correspond with the experience and opinions of the great mass of authority.

He says (op. cit., p. 91): "The conditions under which a syphilitic case aspires to marriage are:

"1. Absence of actual specific symptoms.

"2. Advanced age of the diathesis.

"3. A certain period of absolute immunity after the last manifestations.

"4. Non-menacing character of the disease.

"5. Sufficient specific treatment."

He claims that the disease should be at least three to four years old before he will "tolerate" marriage, while the period of immunity from symptoms, he sets down as eighteen months or two years.

In his notes (op. cit., p. 231 *et seq.*) he gives 87 observations of syphilitic men who had 156 healthy children, the wives remaining healthy; 35 of the fathers developed symptoms later on that were certainly specific.

In the latter instances, as well as many others which have had no treatment, the immunity is due in some to conception taking place during a period of latency, and in others, undoubtedly, to the fact that the disease is in its third stage.

Time is one of the greatest safeguards of such a man's posterity. It alone can insure his reaching, at least, the tertiary stage, and prove to us that such is the fact from a long continued freedom from symptoms; the recurring secondary lesions appearing as a rule in more or less rapid succession. It alone can show whether the poison has undermined the constitution or tends to attack internal viscera and the nobler organs and structures, thus imperilling the patient himself.

In time, syphilis wears itself out in an individual; successive pregnancies will result in abortions, each one later than its predecessors, until living and finally healthy children are born.

To help us decide as to the character of the disease, I venture

to offer a brief classification of the most striking forms as an aid in making a prognosis. We have:

1. Acute malignant, rapid, nay, galloping syphilis in which the symptoms follow each other without intermission, secondary manifestations alternating with tertiary, all severe and destructive in character. Such cases I have seen and watched in Vienna under Zeissl, Neumann and others. There is great danger to the individual, but, fortunately, the duration is short; a year at most, and the storm is over. Should the victim survive, his wife and children have nothing to fear.

2. Chronic, dry, inveterate syphilis, *i.e.*, secondary symptoms of the dry form, *e.g.*, scaly eruptions of the body and psoriasis palmaris of slow and rather irregular and scanty development and long duration; frequently recurring erosions of mucous membranes, especially of the mouth and genitals, and the so-called psoriasis mucosa; serpiginous, indolent ulcerations, etc.

This form obstinately resists all treatment. The lesions reappear again and again, and the duration is long and indefinite. The victim himself does not suffer seriously, but I would consider a physician justified here if anywhere in absolutely forbidding marriage.

3. What I may term the moist or subacute form in contradistinction to the above varieties. Here we find plentiful eruptions, nascent papules and mucous patches, exuberant condylomata, active ulceration, etc. The symptoms, though often marked and extensive, yield readily to treatment, and the tertiary manifestations are few and far between.

The virus seems to find a free vent on the surface, and retires from the arena satisfied.

The other conditions being complied with, such a patient is not dangerous.

4. A mild benign syphilis *in its secondary stage*, or, in other words, one that is but poorly developed at that time.

Of this, I insist we should be suspicious, and that especially because appearances would tend to lead us to the other extreme.

Fournier (*Syphilis du cerveau*, Paris, 1879) has called attention to the fact that where the nerve-centres are later affected, the secondary symptoms have invariably been of the above type, and he claims that this form has a decided tendency to involve the nobler organs. He points out, too, that the development of eye symptoms augurs an unfavorable prognosis. In women, we are very apt to have just this variety, and it is

a notable fact that the tertiary symptoms in them are often very severe and dangerous. We can, I think, take as a maxim, "mild secondary symptoms, look out for the tertiary." This applies, of course, more particularly to the safety of the individual affected.

There are, naturally, many other phases of this disease, probably the most eccentric we meet with, *e.g.*, the development of a marked cachexia rather than specific symptoms resulting in permanent impairment of the health or even death; destructive bone disease preëminently; tendency to lesions of the internal viscera and special organs; extensive, destructive, and dangerous ulcerations, etc. However, if we bear this brief classification in mind, we can, I think, draw correct conclusions in the majority of cases.

The key-note, of course, is treatment. It does not belong to my paper to enter into a detailed discussion of this subject except in so much as it relates to what we are considering, but it seems to me, that here, if anywhere, the question resolves itself into one of dosage, the circle of remedies being after all but a limited one. The matter is as delicate as it is important, and we ought entirely to lay aside prejudice and routine and decide with care and discrimination in each instance. Our fathers have taught us how to choose the drug; liberal scientific inquiry and logical conclusions enabled them to do this. Hence, we revere them although we see their short-comings. Following the analytical method, they have left us an Augean stable of symptoms, which we must, working on the synthetic plan and aided by physiology and pathology, reduce, as Hering used to say, to vest-pocket form. Our other legacy, the Gordian knot of dosage, we can, in like manner, untie with the better light of to-day, provided we undertake it in the same spirit.

"In dubiis libertas" is good, 'tis true, 'tis beautiful; but alas, from time immemorial, how little of it there has been in the noble medical profession! We, as homœopaths, have been made to feel this, and, among us, at least, the principle ought to be rampant.

As followers of Hahnemann, we must strive after the minimum dose.

We take our indications for the remedy from the patient, the disease, and the form of the same before us. Investigation shows the maximum dose to vary with the drug, the individual, and the condition of the latter. May not the minimum vary too?

There are several points I would call attention to and emphasize in the treatment and its bearing on our subject.

1. It should be continued over a long space of time. Our enemy is a subtle one; he dodges out of sight, only to reappear when and where least expected. Be he a bacterium, a bacillus, a coccus, or a humor, he is there, and when we have our remedy we must hammer away with it even after all symptoms have disappeared. This is especially desirable in the case of women, with whom we should always allow more time, and in subsequent pregnancy keep the patient under the influence of the remedy we had found most effective.

I could cite instances innumerable in support of this view, but feel sure that all who have had experience will agree with me.

2. A certain period should be allowed to elapse after treatment, during which no remedy is administered.

There are, undoubtedly, forms of syphilis which, though apparently cured during the continuance of treatment, crop out the moment the same is stopped. Hence, taking for a period of immunity the average already given, we would continue our drug, say a year after the disappearance of all symptoms, and let the patient alone a year; then, perhaps, renewing the use of the remedy for a time, give him permission to marry.

3. We must be sure that our treatment is affecting the disease, and that, too, in a marked manner. The symptoms come and go of their own accord to a great extent, and it is often very difficult to decide whether the drug or syphilis is curing the lesion! We cannot, I think, have too much skepticism on this point, an error in this direction being the preferable one all around.

4. Our treatment of syphilis should be expectant or purely local, until the disease has definitely declared itself.

I know I shall meet with opposition on this point, but I am convinced of the advisability of such a course from observation, and have on my side the opinion and teaching of men whose experience has been of the most extended and longest (*e.g.*, Sigmund, and especially Zeissl, and others.)

First, as a matter of diagnosis, I claim that no one has a right to make up his mind positively, as to the presence of syphilis, from the primary lesion alone; not until we find a universal glandular infiltration (occasionally very hard to make out), cutaneous eruptions, and throat symptoms, are we justified in saying that syphilis is present. Second, as a matter of prognosis and treatment, present and future.

How misleading are the many published cases of cure of syphilis where an initial sclerosis has been diagnosed, a remedy promptly administered, with the result, no secondary manifestations, not even glandular infiltration. I need not criticise such material, I owe the observer no ill-will, but charitably put the publication in my waste-paper basket.

We have seen the different forms and their important bearing on our subject; treatment undoubtedly affects the development of symptoms, and to such a marked degree that we can fearlessly wait until we know with what we have to deal. Why drive the enemy into ambush where we can obtain no positive information as to his strength? It is said, never cauterize a hard chancre, for you want to see the effect of treatment. I answer amen with all my heart, and more, namely, never cauterize any venereal ulcer until you do so intelligently or of necessity. Cut the sclerosis out if you can get at it and it is doing harm or is in the way, and put it under the microscope, but wait before using remedies which are positively specific and efficacious until you are fully informed as to the diagnosis and prognosis and all the points that cluster around these two, not least among which is the question of marriage.

But to sum-up.

Taking Fournier's conditions we can say :

If a man is free from specific symptoms and has shown none for eighteen months or two years; if the disease is at least three or four years old, and, if not cured, well into the tertiary stage, while the form we know is not obstinate nor does it show a tendency to endanger the individual; if the treatment has been successful, and has been continued after the disappearance of all symptoms,—then we can, without hesitancy, promise our patient personal safety and children free from this taint. With a woman the case is different. We should insist on a longer delay of at least a year, and I for one should feel considerable hesitancy in consenting to her marrying at any time, if not through anxiety for her possible offspring, certainly for her own future.

DISCUSSION.

REPORTED BY H. F. IVINS, M.D., SECRETARY.

DR. C. M. THOMAS, in response to the call of the President to open the discussion, said that, apprehending that the bulk of the discussion would drift, naturally, to the matter of treatment, he should confine his remarks to that alone.

He thought that we would all agree that Mercury and Iodine, in their various preparations, are our most valuable remedies in the treatment of syphilis, and he had no doubt that many times no other drugs may be required from the beginning to the end of a case; at the same time the value of other medicines under certain conditions is not to be questioned.

As homœopaths, we naturally incline to a more chary use of remedies than do the members of the dominant school, and in no case is the advantage of the practice more apparent than in the use of Mercury for syphilis. Probably few will dispute the idea that many of the more violent tertiary manifestations are due more to the previous abuse of Mercury than to the disease itself.

In discussing the question, he would very much like to hear the opinion of members as to how far we can depend, in our practice, upon the statements and published results of the earlier homœopaths. It seemed to him that they are mostly unreliable. For instance, Hahnemann himself—in a practice of over fifty years—claims, from the careful treatment of chancre with the 6th and 30th dilutions, an absolute prevention of secondary symptoms.

Two of his followers, Jahr and Schneider,—according to Hughes—concur in this statement, and refer to an experience of thirty years and the treatment of 1000 cases. On the other hand, Baehr—who uses *the same preparations and dilutions* as Jahr—sees secondary manifestations very frequently, even—at times—before the healing of the chancre, for which he requires 6 to 15 weeks; while Jahr never sees secondary symptoms, and cures his chancres in from 15 to 20 days.

Another interesting question is, whether Mercury is homœopathic to syphilis. Dr. Thomas confessed that he had not been able to satisfactorily settle this question for himself, though he was hardly prepared to agree with Dr. Hughes of England, that there is no homœopathic relationship between the two. Again, how far can we go, as homœopaths, in the individualization of our cases? How far overlook the disease, as such, and treat the individual? Personally, he was free to say, that he gave Mercury and Iodide of Potassium because the disease is syphilis, although he would not wish to be understood as *never* giving other remedies. Indeed, he frequently found them of the greatest service, especially in the latest stages.

As it is the object and desire of the bureau to draw out the personal experience of our members, he would, as briefly as possible, outline the course he usually pursued in the management of these cases.

First, he considered the establishment of the diagnosis of prime importance before starting the treatment. Here he was most heartily in accord with the ideas so ably expressed in the paper by Dr. Van Lennep; and further, he thought that the patient should at the outset be made to thoroughly understand the importance of continuing the treatment for two or three years, off and on.

Secondly, the patient should be placed in strict quarantine—a point too apt to be neglected by physicians generally—as a protection to those about him.

Thirdly, his hygienic condition should be most carefully investigated and regulated. Extremes or excesses in eating, drinking, exercise, venery, etc., must be most carefully guarded against; and the skin and mucous membranes kept in the best possible condition, etc.

The medication is begun with small doses of the red Iodide of Mercury, three to five grains of the 2nd trit. three times daily. This is gradually increased until he is taking two to three grains of the 1st *pro dosis*. From this time on he is kept under $\frac{1}{6}$ to $\frac{1}{11}$ grain doses for several months until the rash has disappeared and the general lymphatic swellings have subsided. Now the treatment is occasionally interrupted by intervals of rest from medicine and only pushed during the presence of syphilitic manifestations.

In the later secondary and the tertiary stages, Dr. Thomas had recourse to Iodide of Potassium, and in this connection he would say that he had no confidence in this remedy except in material doses. He began with about three grains, well diluted, three times daily, and gradually increased it to twenty, thirty, or more grains at a dose when necessary. Occasionally, in the tertiary and late secondary forms he made use of other remedies, such as Thuya, Assafoetida, Aurum, etc.

The treatment of the initial lesion is rather expectant than otherwise—cleanliness, dry cotton or lint, a little Calomel or Iodoform powder being usually all-sufficient. Except in rare instances caustics are not to be thought of.

DR. J. E. JAMES's experience did not differ materially from that of Dr. Thomas. He felt hesitation in waiting so long as was recommended by Dr. Van Lennep for the differentiation between chancre and chancroid. If he found any glandular enlargement, or if the chancre had any induration at its base, he used Merc. and preferably Merc. sol. internally until the mucous membrane of the mouth showed signs of the ulcerative form, then he gave Merc. jod. rub. He believed Mercury to

be homœopathically indicated in syphilis; but he did not think it possible to cure this disease with Mercury 30th, without a development of secondary symptoms, unless the sore was a chancreoid. He believed that no case is ever cured so that secondary symptoms will never appear.

He did not use the same preparation of Merc. throughout the disease, but varied it according to the condition present. In the secondary form, he was careful to caution his patient about his condition, and establish a sort of quarantine, as Dr. Thomas has called it. He cautioned him as to his care for his family, and to avoid all excesses in mind, body and soul.

For the secondary symptoms, Mercury or Iodine are the chief remedies. He did not use the Iodide of Potassium as much as does Dr. Thomas. He believed that it is the Iodine which does the good, and not especially the Iodide of Potassium. He had had much success from the use of the combination of Mercury and Iodine in the form of Merc. job. rub. cum Kali hyd. in those relapsing, apparently incurable cases when the mucous membranes are greatly involved. He had made it a point to persist in the treatment, and he was afraid to wait a year, as does Dr. Van Lennep, and then give the remedy for a year, but preferred rather to use the remedies continually two or three times a week for a month, then waiting a month he again returned to the treatment. In resuming the treatment each time, he began with the remedy which cured the last symptoms.

DR. DUDLEY asked how Dr. James kept his patients under observation for so long a time?

DR. J. E. JAMES, in reply, stated that he explained to them the nature of their disease, and thus had usually but little trouble in retaining them.

DR. W. B. TRITES said that he followed about the same course of treatment as that described by Dr. Thomas except that he omitted the use of Sulphur.

He had often asked himself the question to which Dr. Thomas referred, "How did the early homœopaths cure their cases?" He had been struck with the wonderful success which such men as Hahnemann, Jahr and Baehr had. In the first case which he treated, he tried their method, and was surprised to find secondary symptoms. In the second case, he had the same result. He has had gentlemen to tell him that they have cured cases without secondary symptoms when the patient had hard chancre; and that they have also cured large spreading ulcers with the homœopathic remedies. This had led him to believe

that the literature of homœopathy is valueless on account of the mixing of the chancre and chaneroid. He had never seen the chaneroid followed by constitutional symptoms, or a chancre not followed by secondary manifestations.

In regard to the interdiction of marriage, he had to bow to those authors who have devoted so much time and observation to the matter. He advised care, but his experience does not carry out their observations. He had seen many cases in which syphilitic parents had given birth to healthy children; and he believed the condition is often overstated, but he agreed with Dr. Van Lennep that the greatest care must be exercised.

In his treatment he used Mercury in the secondary and Iodide of Potassium in the tertiary stage; but he never mixed these remedies. Iodide of Potassium is of little value in the secondary stage; later, when we have gummata, etc., the Kali hyd. is the best remedy. In regard to the latter remedy he agreed with what Dr. Thomas had said, that is he commenced with small doses and increased the quantity, and he agreed also with what that gentleman had said of the overdoses of Mercury.

DR. C. MOHR differed from the members who had just spoken in his treatment of syphilis. He believed that Mercury is homœopathic to this affection. Mercury, it is true, does not produce a sore which resembles chancre, but it produces symptoms which are almost identical with the disease when it is making its ravages of the body. He began with the Merc. sol., 1st, 2d, or 3d trituration every four hours. Instead of increasing the quantity he gives the doses less frequently, every six hours, every eight hours, and until he gets the dose down to once a week. He had found almost no tertiary symptoms. With the hard chancre he had had secondary symptoms.

If the glandular infiltrations persist and the condition is very sluggish, he gave the Merc. jod. rub. With the lymphatic patient before and with the breaking down of the glandular structures, Merc. jod. flav. With persons of rigid fibre and dark complexion, Merc. jod. rub.

He did not confine himself to the use of Mercury, but gave Sulphur, Hepar, or Nitric acid even. In the secondary stage he looked to the remedies which would control the gastric affection, as Nux. v., Puls., etc., and he took great care in giving these indicated remedies. He believed in treating the individual and not the disease alone, at the same time insisting upon the hygiene.

He regretted to see the arraignment of Hahnemann, Jahr

and Baehr. If these gentlemen have never treated syphilis they have either misstated the condition to us or they have been mistaken in their diagnosis. When we think of the great number of cases which they have treated, it is not possible that they have never seen cases of this disease.

DR. W. B. TRITES asked the speaker why, if they could cure with the remedies, can not we?

DR. MOHR: Perhaps they knew the intercurrent remedy which suited the symptoms better than we do. He did not believe with Dr. Van Lennep that we should wait so long before commencing treatment. If we begin with the Mercury it will do no harm if the sore prove to be chancroid, and if it be a chancre it will help. He did not claim that we cure syphilis if we have no secondary symptoms.

He often saw the Iodide of Potassium indicated and he gave small doses of the 1st, 2d, 3d, etc. He had had tolerably good success with the remedy. The secondary symptoms are not relieved as much with the large as with the small doses; but he did not hesitate to use the former if he obtained no relief from the latter. Recently he had had little experience with the Iodide of Potassium. The remedy had been employed with the patient during the course of his syphilis. He still has enlarged nodules on the clavicle and shows other evidences of former syphilitic invasion. He had a decided pleuritic effusion with dangerous symptoms, but since May he is better; the effusion is growing less and less, and the lungs are "coming down." He has had paroxysmal fever. Baptisia, Sulphur, etc., were prescribed for the intercurrent symptoms. The patient has had Mercury, but the most relief has been from the Iodide of Potassium, given every four hours for several weeks. This case is given as an illustration of the use of the small doses of the Iodide of Potassium in a well-authenticated case of syphilis.

DR. C. E. TOOTHAKER had no doubt that syphilis is curable with the remedies in the active cases which occur immediately after copulation and in cases with secondary and tertiary symptoms. He had no doubt that these cases are curable with remedies, as are common colds, fevers, etc.

The gentlemen have omitted the remedy which he used in the long-standing cases of offensive conditions with the patient almost approaching death, that is Nitric acid high.

He used Mercury iod., but not in such strong doses as does Dr. Thomas. It is a good and very reliable medicine, but in Dr. Toothaker's experience, Nitric acid is quite as curative.

He did not want to have it believed that syphilis cannot be cured by remedies.

DR. W. T. MAGUIRE said that in malignant syphilis the symptoms often failed to respond to any remedy. He should like to know if any of the gentlemen present could give any favorable experience in the treatment of such cases? The date of the eruption, he thought, had little to do with the cure of this condition. He referred to a case of "syphilitic orchitis where the testicles are as large as two fists. The patient has found no relief from physicians either in this country or in Europe."

DR. J. C. MORGAN suggested to Dr. Maguire the use of *Hydrocot. Asiatica* and *Phytolacca*. He said, "In regard to Dr. Thomas' first point of diagnosis, it is assumed by all the speakers that the distinction between chancre and chancreoid has been fully established." He referred to cases in which it is impossible always to differentiate the two affections; and of cases in which a well-known surgeon had demonstrated to his clinical class the existence of a soft chancre and yet the case had secondary symptoms. He cited Mr. Jonathan Hutchinson as being one who is not always able to distinguish between these sores, and the doctor suggested that physicians should not be too positive in the diagnosis of "these cases, as it is impossible to always discriminate."

In speaking of the importance of "quarantine," he referred to the wonderful spread of syphilis by the tattooing artist Kelly, who tattooed many persons while suffering from a mucous patch on the tongue.

DR. MORGAN related a case of chancre of the cheek in a lady whose genitals were free. The infection took place by the medium of a kiss which a young man, suffering from a mucous patch on the lip, gave her.

DR. VAN LENNEP, in closing the debate, said he had been misunderstood. He did not mean to stop the treatment for a year, but he preferred to keep the patient much of the time under the influence of medicine; but simply referred to the method of waiting so long which is employed by some syphilologists.

He referred to the mixed variety of syphilis, in which the patient might have both chancreoids and chancre, and classed one case described by Dr. Morgan in that category.

From the argument, he was more than ever convinced of the importance of waiting before making a positive diagnosis, for should the physician pronounce the sore a Hunterian chancre

and the case be devoid of any secondary symptoms, much harm might be done to the patient and perhaps to his family by casting upon them an unfounded blight, which may have affected seriously their happiness and health. He does not differ, in his advice to those contemplating marriage, from his remarks upon that subject as contained in his paper.

In referring to the treatment of syphilis by Hahnemann, Jahr, etc., he said, "It is important to remember that they did not know as much about the secondary manifestations as we do. We now have various forms and classifications of syphilitic skin affections, eczemas, etc., whereas all eczemas were then known as ordinary eczema." As a further explanation he spoke of the greater virulence of syphilis when first introduced into a country or section of a country, and of the gradual decline in the severity of the symptoms in succeeding generations, and suggested the possibility of the cases recorded by these gentlemen being of this mild type.

The doctor did not agree with Dr. Trites that the requirements of those about to marry were too stringent, and further stated that he "had seen many cases in which the children of syphilitic patients have had healthy children, but more of the same class of parents who have had the reverse of this; hence it is well to be very careful." He agreed with those gentlemen who had advised quarantine.

When a patient has syphilis, especially if he is taking Mercury, he insists upon the patient having his teeth carefully attended to by the dentist. If a hard chancre is situated on the prepuce, Dr. Van Lennep advises circumcision in order to prevent the local troubles which will otherwise arise.

DR. MORGAN asked if Dr. Van Lennep did not place considerable reliance upon oxygen and the keeping of the patient out of doors. He believed it prevented, to a great extent, the tertiary symptoms.

DR. VAN LENNEP thought it advisable that patients should have much fresh air. He does not use Mercury at the beginning of syphilis, for, should a dangerous condition later arise, Mercury will not act. He thought this might explain the malignant nature of Dr. Maguire's case.

COCAINE HYDROCHLORATE, THE NEW LOCAL ANÆSTHETIC.

BY PROFESSOR C. R. AGNEW, M.D., NEW YORK.

(Reprinted from the *New York Medical Record*, October 18th, 1884.)

IN your last issue is a letter from our distinguished colleague, Dr. H. D. Noyes, in which there is an allusion to the new

local anæsthetic, Hydrochlorate of Cocaine, as recently discovered and applied in Germany. We have to-day (October 14th, 1884) used the agent in our clinic at the College of Physicians and Surgeons, with most astonishing and satisfactory results. If its further use should prove to be equally satisfactory, we will be in possession of an agent for the prevention of suffering in ophthalmic operations of inestimable value.

It is difficult to avoid expressions of extreme enthusiasm in view of what we have to-day seen, and in view of what we may rationally expect from the further applications of the agent. The following cases, however, will be of more value than any abstract disquisition.

CASE I.—A. E——, aged five; a case of convergent squint. A two per cent. solution of the Hydrochlorate of cocaine was dropped upon the surface of each eye three times at intervals during a period of fifteen minutes, without any more irritation of the eyes than would have been caused by drops of common water. At the end of twenty-five minutes he walked into the operating-theatre, lay down upon the operating-chair, and allowed the spring speculum to be inserted between his eyelids, the scleral conjunctiva to be seized with fixation forceps, and cut with scissors, and the rectus internus of the left eye to be divided, without complaining or showing any signs of suffering. When we had the internus tendon upon the strabismus hook, he said we were pulling something.

CASE II.—L. H. B——, aged eleven; convergent squint. Solution applied as above, three times in fifteen minutes, at the end of which time he sat erect in a chair, resting his head upon the breast of an assistant, had the speculum inserted, scleral conjunctiva seized with fixation forceps, and the internal rectus divided in the usual manner, and when asked said the operation had given no pain.

CASE III.—Joseph McC——, aged six; convergent squint. Solution applied as above. In the delays of the clinic, somewhat more than half an hour elapsed between the last instillation of the agent and the attempt to operate. The youngster seemed to be much frightened by the presence of the surgeon and students; would not submit to the proposed strabotomy, and ether had to be administered before it could be done. As his scleral conjunctiva was insensible to the contact of the fixation forceps fifteen minutes after the first instillation of the solution, it is a fair inference that the anæsthetic benumbing had passed away before he entered the operating-theatre. His

nervous apprehension was so great that he would not have endured an operation, even though there might have been no real pain inflicted.

CASE IV.—James McG——, aged fifty-two, was sent to the clinic, with the statement that he had a lacerated wound of his left eyeball involving the sclerotic. His dread of handling and of light was so great that we could get no view of the injured organ, as every attempt to inspect it, was instantly followed by blepharospasm. A few drops of the solution were instilled, and in a few moments the patient walked into the operating-theatre, with the injured eye open, and so free from irritability as to make an examination of it before the students quite easy.

CASE V.—J——, a physician, aged seventy-one, with double cataract, consulted us on October 15th. His eyes were extremely sensitive to touch. A drop of the two per cent. solution was dropped upon the scleral conjunctiva, and in two minutes and a half the patient permitted me to apply the end of a forefinger to the scleral conjunctiva, without wincing.

The solution, used in all these cases, was a two per cent. one, made with distilled water and with Merck's crystals of the Hydrochlorate of cocaine.

It is only by extensive gathering of the clinical facts in regard to this new agent that we can reach just conclusions as to its value, and it is important that all observers should give the profession the benefit of their experience. The operations at the clinic, alluded to above, were done with the assistance of Dr. David Webster, Dr. W. Oliver Moore, Dr. Neil J. Hepburn, and Dr. W. A. Pierrepont, and in the presence of the class.

CASES REPORTED BY WILLIAM OLIVER MOORE, M.D.

CASE I.—Chinaman, with keratitis. Two drops of a two per cent. solution of the Cocaine hydrochlorate were dropped into the left eye, then closed; after five minutes two more drops were used; at the end of fifteen minutes from the first instillation I was able to grab the ocular conjunctiva with fixation forceps, and move the eye in any direction, without pain or any disagreeable sensation. The ulcer of the cornea was also touched, and gently scraped, without sensation. In the right eye, where none of the drug had been used, the patient made loud demonstrations of complaint, on my attempt to use the fixation forceps, as in the first instance; in short, there was a marked difference in the eyes. The anæsthetic effect in the

right eye had entirely disappeared in thirty-two minutes from the beginning of the experiment.

CASE II.—Man, aged thirty-seven, with double pterygium. In one eye, the left, I put in two drops of the solution, and after waiting five minutes, introduced between the lids two drops more; after another interval of five minutes, two more were used.

Five minutes after the last drops were used, the operation was begun, the pterygium being excised by scissors, the conjunctiva being freely cut, and the cut surfaces brought together by three sutures. This usually painful operation was done with the utmost ease, and without any painful sensation, the patient being surprised at its completion.

In the other eye the Cocaine was not used, and the pain and suffering of the patient was as usual when Ether is not used. The effect was very marked, and really very surprising. The anæsthesia lasted twenty-five minutes.

CASE III.—Child, seven years old, having squint (*strabismus convergens*). Two drops of the solution were put into the squinting eye, and repeated as in the other cases, till six drops in all had been used during the space of fifteen minutes; at the end of which time the conjunctiva was sufficiently quiet to allow of the tenotomy of the internal rectus muscle, the usual operation being performed, the spring speculum being used. The little boy made no complaint of pain, and simply said the speculum stretched the lids, but was painless. That it is unusual for a child of this age to allow an operation of this sort to be done without Ether is, at least, a marvel, and to show that the patient, though young, had not "pure grit," the other eye (the one in which no Cocaine had been used) was tried, and found to have the normal sensations.

CASES REPORTED BY JAMES L. MINOR, M.D.

CASE I.—A nervous boy, aged ten, upon whom I had operated for squint in the left eye, three days before, presented himself on October 13th, with the conjunctival stitches still *in situ*. The solution of Cocaine was instilled, as above described. The cornea and the conjunctiva could be brushed with the end of the finger, without causing any uncomfortable sensation. The speculum was introduced, the stitches removed, the conjunctiva was grasped with fixation forceps, and the globe was pulled around by them. The child complained of no pain, and when asked after it was over if he had been

hurt, he replied in the negative. The other eye retained its sensibility, and it could not be handled in the least.

CASE II.—A woman, aged fifty, upon whom I had performed a preliminary iridectomy, a few weeks before, came for the extraction of the cataract on October 13th. She was nervous, and very resentful of anything disagreeable or painful. When the iridectomy was performed, I attempted to do it without an anæsthetic, but found it utterly impossible to even retain the speculum between the lids, and resorted to Ether. I decided to use the Cocaine, and dropped it in the eye, on which she shrank back, and closed the eye as tight as possible—resenting even this much handling of the eye—for the solution is non-irritating to the conjunctiva. The second application was made without difficulty, and I could rub my finger over the conjunctiva and cornea, without causing discomfort. The speculum was introduced, the conjunctiva was grasped with fixation forceps, and the globe thus pulled in position. A large section of the cornea was made, and cystotomy and delivery of the lens were easily accomplished. The patient complained of no pain, and after the operation, and on the following day, declared that she had not been hurt in the least. She was even surprised when told that the operation had been performed. Immediately after the operation, I tested the sensibility of the conjunctiva of the other eye by lightly touching it with my finger. She shrank, and closed the eye so quickly and violently that I feared the other eye would suffer from the violent contraction of the lids. The case has progressed, so far, as satisfactorily as could be desired.

GUACO.

BY JAMES KITCHEN, M.D., PHILADELPHIA, PA.

IN the August number of the *New England Medical Gazette* (Hom.), is a paper on Guaco by Dr. Talbot of Boston—a remedy which I have used for several years with good effects in appropriate cases. Dr. Talbot concludes as follows: “I have found the remedy very serviceable in thin watery diarrhœa, especially of teething children; also in the continuous and exhaustive diarrhœa of children with indications of cerebral effusion; likewise, in dysentery with pain in back and lumbar regions, accompanied by fatigue, weakness and exhaustion. In persons of a hæmorrhoidal tendency, it has proved very efficient in arresting a bloody mucous or frothy diarrhœa, accompanied by burning pain rather than tenesmus.

In addition to the above I would say that I first became acquainted with the remedy through the late Dr. J. G. Houard of this city, who had a brother Dr. Houard, who used it very successfully in an epidemic of Asiatic cholera in the island of Cuba.

I have used it in the case of a gentleman subject to diarrhœa upon the sudden change of the weather from hot to cold. In his case, it generally comes on rather suddenly on check of perspiration, with painless watery discharges, very profuse, coming away as out of a hydrant, and running into rice water appearances both from stomach and bowels, and very exhausting, attended with cramps of lower extremities, and huskiness and partial loss of voice, indeed, with all the symptoms of Asiatic cholera, except the collapsed state, which, no doubt, would come on if not checked. I have used all the usual cholera remedies with little or no effect. Guaco has been more effectual than others, and in the last two attacks has somewhat checked the discharges and cured the patient; there is complete cessation of secretion of bile, and as soon as bile appears in the stools they become less profuse and finally cease.

As the cholera is now spreading over Europe, and we will probably have it in this country in the near future, I hope the above few remarks may be of some service to my professional brethren in giving another weapon, and I trust a good one, to fight the devastating fiend. It may enable us, with other remedies, to keep homœopathy still in the front rank of relieving and curing this disease, and as we have been in all former epidemics, so far more successful than the allopaths, let us by all our efforts hold the fort, and let every physician give his experience of the means to do so. Six months at least previous to the advent of the cholera in 1832, it was remarked by physicians in this city that the stomach and bowels were much more susceptible to the action of remedies than usual. Emetic and purgative medicines acted in much smaller doses; if a usual ordinary dose of either class would be given, it would act with unusual violence, so that physicians were compelled to give much smaller doses, showing that there was some influence at work producing an irritability unusual to the natural condition of the mucous membranes of those parts. Was it atmospheric? What else could it have been? This leads one to think that if the cholera comes it will be conveyed by the atmosphere, hence all the quarantines and military health cordons and all other human

precautions, will not prevent its arrival. A very singular case came under my notice in the cholera season of 1833. A lady 50 years of age, who had been of a costive habit from her earliest recollection, and who was obliged to take Anderson's pills every night (these pills being fashionable) to keep her bowels open, had a perfectly free, natural opening every day during the prevalence of the epidemic. When it passed away she was again obliged to resort to the pills.

If not imposing too much on my readers, I should like to state the attack I experienced in my own person in 1832. Physicians were frequently called out at night, the first symptoms of the disease coming on between one and three o'clock in the morning. After a very hot day, in the month of August, followed by an equally hot night, I was called out four times. The patients all died within a few hours of the attack. I was completely broken down and demoralized at the results. On my way home, a sensation came over me which I cannot describe, with a slight vertigo and a weight at the pit of my stomach as of a cold leaden ball. I felt myself doomed, and though a young man with many bright visions before me in the future, I could not drive from me the feeling that they never now would be realized; this feeling was added to when, upon arriving at my office, I was informed that a man next door had died during the night, two in a court opposite, and four within a hundred yards down the street. I sat down on my chair melancholy and depressed, and as is usually the case with physicians, when not very well, I commenced feeling my pulse, the natural beat of which was 60 to the minute; I found it down to 50, in half an hour down to 20. At this point nausea approached, followed by vomiting and purging. I immediately went to bed and sent for Dr. Ritchie, a friend of mine, who, unfortunately for myself and the medical profession, died a few years after of consumption; he came immediately and gave me repeated doses of a few drops of camphor and laudanum, which, in the course of a few hours, checked the discharge, and within a few days I was on my feet again. On the approach of the epidemic much fear was manifested. Having first appeared at Montreal a committee of physicians was sent on by councils to study the disease, but their report amounted to nothing. The medical corps of the city stood firm like a brave sentinel, at their posts; not so with the clerical. Many of the leading members of that department fled, giving various excuses; one, an eccentric Presbyterian divine, giving as his excuse that he had a wife and children and could

not leave them to the embraces of a cold though Christian world, remarking, at the same time, that it was no great credit to a Catholic priest to remain as he was a celibate or bachelor, and it was of no consequence to the world whether he lived or died. This difference between the Protestant and Catholic divines converted some to the Catholic faith, one among whom was Dr. Horner, at that time Professor of Anatomy in the University of Pennsylvania.

Miscellaneous Contributions.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

(Reported by HORACE F. IVINS, Secretary.)

THE regular meeting of the Society was held at the Hahnemann Medical College on Thursday evening, September 11th, 1884.

In the absence of Dr. Trites, Dr. Samuel Brown, vice-president, occupied the chair.

After the reading and approval of the minutes of the last meeting, the censors reported favorably upon the names of Drs. H. I. Jessup and F. Morton Long, whereupon these gentlemen were elected to membership.

Drs. Horace E. James and Edward R. Snader applied for membership.

Dr. Mohr said he had received a letter from Dr. T. S. Verdi, president of the medical staff of the National Homœopathic Hospital of Washington, requesting participation in a national fair, to be held in Washington in December next. Dr. Verdi wrote: "It is proposed to have Chief Justice Waite for president, and we want vice-presidents for the several States," and further asked that one be nominated.

It was decided to present to the Pennsylvania State Society, through Dr. J. E. James our delegate, the following names: Hon. Charles O'Neill, Gen. Bingham, Senators Mitchell and Cameron, and Dr. Horace Hatch.

Dr. Joseph E. Wright, who has removed from Philadelphia, wished to withdraw his name which had been proposed for membership. Request accepted.

Dr. Dudley called attention to the absence of a final report of the committee appointed to investigate the introduction of homœopathy into Blockley Almshouse.

Dr. Mohr said: "The work is in the hands of the Committee on Organization, Medical Education, Statistics and Legislation."

It was then agreed that the committee be instructed to continue its efforts and renew its petition. In case these efforts do not meet with success within a few months, the committee is requested to ascertain the names of the gentlemen who oppose the introduction of our school of practice, together with the date on which their terms of office will expire.

The report of the Bureau of Pædology, Dr. S. Brown, *Chairman*, being next in order, Dr. R. C. Allen read a paper on "Cholera Infantum." Dr. J. C. Morgan did not present a written paper, but made some practical remarks upon the ætiology and treatment of cholera infantum.

The bureau report having been accepted and referred for publication, Drs. Dudley and Mohr opened the discussion, which was participated in by Drs. T. S. Dunning, J. B. Kniffen, J. C. Morgan, and R. C. Allen.

Dr. W. W. Van Baun was appointed chairman of the Bureau of Pædology for 1885.

Drs. C. M. Thomas and W. B. Van Lennep were appointed to open the discussion at the next meeting. Adjourned.

HORACE F. IVINS, M.D.,

Secretary.

The regular monthly meeting of the Society was held at the Hahnemann Medical College, October 9th, 1884. Forty members were present.

The minutes of the September meeting were read and approved.

Drs. Horace E. James and Edward R. Snader were elected to membership. Dr. Horace Still, of Norristown, applied for admission to the Society.

The Committee on Organization, Medical Education, Statistics and Legislation, Dr. J. K. Lee, *Chairman*, presented a minority report upon the introduction of homœopathy in Blockley Almshouse.

The following suggestion was embodied in that report, viz.: "After mature deliberation the committee has decided to recommend that a special committee, to take charge of the subject, be appointed from among those members of the Society whose individual influence from age, experience and recognized professional standing will carry weight with it. The committee is impelled to this action by the fact that it is diffi-

cult to obtain a working majority to act upon the subject referred to it."

Dr. Mohr moved the matter referred to be left with the committee as at present. After considerable discussion the motion was voted upon and lost.

It was then decided to have a special committee of nine appointed by the president to continue the work.

The reports of Dr. B. W. James, delegate to the American Institute, and of Dr. J. E. James, delegate to the State Society, were next submitted, and accepted.

Dr. J. E. James, on behalf of the board of directors of the new college and hospital buildings, extended to the members of the County Society and their friends an invitation to be present at the laying of the corner-stone on 30th of October.

Dr. W. T. Maguire, chairman of the Bureau of Surgery, next presented his report.

A very interesting paper was read by Dr. W. B. Van Lennep upon "Syphilis and its Relations to Marriage."

A discussion of syphilis followed the reading of this paper, and was participated in by Drs. C. M. Thomas, J. E. James, W. B. Trites, C. Mohr, C. E. Toothaker, W. T. Maguire, J. C. Morgan, and W. B. Van Lennep.

The report was accepted and referred for publication.

The discussion was so interesting that upon two occasions the time of the meeting was extended.

Dr. Malcolm Macfarlan was appointed chairman of the Bureau of Surgery for 1885.

Drs. C. Bartlett and W. H. H. Neville were appointed to open the discussion at the next meeting. Adjourned.

HORACE F. IVINS, M.D.,
Secretary.

TREATMENT OF DIPHTHERIA.—The treatment of diphtheria with *Liquor calcis chlorinatæ* as first suggested by Dr. C. Neidhard is well known to the homœopathic profession. Now Dr. McSherry (*Med. News*), the professor of principles and practice of medicine in the University of Maryland, speaks in praise of another preparation of chlorine in diphtheria, according to the following formula :

Liq. sod. chlorin.,
Spt. vin. rectific., aa ʒj.—M.

Of this mixture, twenty drops are to be taken every hour while awake. This acted like a charm.

1884.]

THE
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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


Business Manager,

BUSHROD W. JAMES, M.D.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE NEW PATHOLOGY AND HOMŒOPATHY. — Among the convictions most firmly fixed in the human intellect is, that perfect harmony and concord subsist between truth and truth; that facts never disagree, one with another, and that the principles of nature never contradict each other. The logical seeker after truth is evermore testing his supposed facts by submitting them to the contradiction or corroboration of other facts; and the scientific doctrines or principles we hold to-day must be always exposed to the incessant attrition of other principles now known, or hereafter to be discovered.

However firmly established homœopathy may be, or however unswerving the loyalty of its champions, the time will never come when it will be exempt from these “trials by fire.” That complaisant steadfastness which refuses to be disturbed by new discoveries, and which never admits a possibility that advancing enlightenment can throw a shadow across an old and venerated creed, exhibits, not a stronger, but only a less intelligent loyalty. And the future may reveal that the credulity, which was most easily satisfied in the

beginning, may be most easily overthrown in the end. In all science, that faith is best established, which is both willing and anxious to test its soundness in the light of each new discovery—a sentiment that usually has its basis, not so much in a natural skepticism, as in a profound knowledge of the fact of human fallibility.

It must have been some such sentiment as this that prompted Dr. J. W. Hayward, in his Presidential Address before the British Homœopathic Congress, last September, to engage in a logical and fearless discussion of the relation between "Recent Pathology and Homœopathy," and to invite the attention of the scientific body before him to the question whether it is possible for homœopathic treatment, with infinitesimal doses, to cure diseases dependent upon living germs. The homœopathic profession may indulge in a little self-congratulation, that the discussion of this important question fell into such able hands.

Whether a drug, selected on the principle of similarity, is capable, not only of correcting those perversions of the vital activities which give rise to symptoms, but also of destroying the virulent power of a living organism which caused the perversion, is a question that has, probably, been mentally asked by every thinking homœopathic physician now living. To this question, many have, doubtless, added others,—as, whether a homœopathic remedy could so change the conditions of the human body as to render it impregnable to the assaults of these morbid organisms, and whether such a remedy could correct the vital perversions, even in the presence of the continued activity of the "disease-germs."

It has been somewhat the custom to explain the curative action of homœopathic remedies over parasitic diseases by assuming the existence of some morbid condition of the body as a prerequisite to its successful invasion by the parasite, and that the cure of this pre-existing condition by the remedy must result in the destruction or expulsion of the invader. Such a view, however common it may have become, is but a theoretical explanation, and not a demonstrated fact of clinical observation, and could not have served as a safe basis for the discussion of Dr. Hayward's question.

As respecting the power of a homœopathically selected remedy to cure a parasitic, or a "germ," disease during, and in spite of, the continued activity of the morbid organism, there are, even yet, grave and radical differences of opinion among practical homœopathic scientists. Dr. Hayward's question, however, is simplified by the fact that the natural history of

the so-called "germ-diseases" indicates that they are dependent on the living germ for their origination rather than for their continuation; and yet, it is not by any means demonstrated that the continuous vital activity of the germ may not exert modifying influences upon the progress of the diseases.

One of the most gratifying features of Dr. Hayward's address consists in its author's determination not to consider his subject from any mere theoretical point of view. To have indulged simply in speculative reasons for assuming the practical grounds that he adopted, would have been to fall into the very same error that he was so sharply criticising. Instead of that, he wisely determined to deal only with accepted and demonstrable clinical facts, and to use the facts precisely as a scientist in any other department of knowledge uses his.

The doctor starts out by showing the absurdity of dealing with the *facts* of disease upon any purely theoretical basis, instead of upon the principles drawn from therapeutic experience. He demonstrates this absurdity by treating his hearers to a fragment of very significant medical history. We quote from his address:

"Pathology and therapeutics, as such, like Tennyson's *Brook*, 'go on for ever,' but the views entertained thereon—at least by the majority of the profession—'come and go,' and are continually changing. At one time diseases were to be treated with antispasmodics, because they were supposed to depend upon spasm of the capillaries; at another they must be met by antiphlogistics, because inflammation was at the bottom of all morbid processes, and bleeding, purgation, and starvation were the order of the day; at another time tonics must be used in all cases, because asthenia was the root of all disease, and tonics, stimulants, and beef-tea must be poured into the luckless patients, whether the system could appropriate them or not; whilst at the present day, disinfectants and germicides . . . are the means to be used, because minute living organisms or 'germs' are credited with being the cause of almost all the diseases that flesh is heir to. Yet, throughout all time, diseases have remained the same, and have required the same treatment. Morbid processes were the same when the almost universal treatment was antiphlogistic as they were when it was antispasmodic, and when it was stimulant and tonic; and they are the same now, although antispasmodics and antiphlogistics, tonics and stimulants have been abandoned in favor of germicides; and, moreover, they will be the same when germicides have in their turn been given up under the influence of some new pathological *ignis fatuus*, which history teaches us to look for in the not far distant future. Many and great have been the disappointments caused by the fallacy of the supposed discoveries, . . . and yet for all these, the search still goes on as though there had never been any disappointment at all! Even experience does not make medical fools wise. . . . The unsophisticated practitioner must now ignore all he has learned about antiphlogistics and tonics, and put in practice the new treatment with disinfectants and germicides. But with what practical results? Very little, for experience has already begun to prove the futility of such treatment, by showing that no substance is able to kill germs in the body without killing

the patient too; no, nor even to kill the germs existing in a local disease without destroying the part in which they are embedded."

Seathing as this temperately worded arraignment is, it does not in any particular overstate the facts. There is not a moderately well-read physician of any school who would, for a moment, think of calling it in question. Everybody, however, knows that medical science, like all other sciences, must be built up slowly, that during the building-up process numerous and glaring mistakes are to be expected, and that these mistakes are not to be taken as indications of extraordinary ignorance on the part of those who make them. But when the authors of these successive mistakes still exhibit that conceited arrogance and assumption of superiority which properly belongs only to men who walk in the light of undoubted truth, the world has no title for them but that of "pretender" and "fraud." If in any other department of knowledge than that of medicine, the adherents of a particular school claiming superiority in knowledge and in authority, could be convicted on such an indictment, it would draw down upon them the world's unspeakable derision. But Dr. Hayward's sharpest thrusts are yet to come. After tracing out the knowledge at present possessed respecting disease-germs, and quoting numerous authorities to show the properties of these organisms, he shows that in the struggle between the normal, vital action of the individual, and the disturbing force of the infective germs, the physician can only assist the former and resist the latter. As regards this second part of his work, he says:

"How can he best do this? As already mentioned, he need not attempt to kill the germs with ordinary germicides, for it has been demonstrated by the germ-theorists themselves that this cannot be done; nor can he purge them out, nor sweat them out, nor drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by the practitioners of the physiological school. There can be no *tolle causam* here. Nor can the morbid process be diverted to some other or special part or organ by the use of derivatives, rubefaciants, blisters, etc. *There is indeed no place here for the use of any of the classifiable actions of drugs.* As to medical treatment, there is, in fact, no sphere for the practitioner of the old-school at all in any way; he is quite out of the race altogether, and can only stand by and watch. The germ-theory, therefore, is no help to him, except so far as prophylaxis is concerned; he can have nothing whatever to do with the *cure*, properly so called; the germ-theory, indeed, rather shunts than enthrones him."

Having thus "switched off" the allopath from the main line, as of no account whatever in the progress of germ-disease therapeutics, Dr. Hayward takes up his main question, viz.:

"Can homœopathic treatment with infinitesimal doses, cut short infectious diseases dependent on living germs? Or, on the other hand, germs having gained entrance into the blood, and there found suitable pabulum, will they run through their life history in spite of anything we can do—will they pass through precisely the same processes whether we interfere or not? If the growth and multiplication of germs can be interfered with, and the course of disease shortened and rendered less severe by medicines, are we sure that such results can be secured by medicines selected on homœopathic indications and administered in infinitesimal doses? And, if our medicines do really shorten these diseases or render them less severe, how do they accomplish their work?"

It would, doubtless, have been interesting to his hearers and readers, had Dr. Hayward here treated them to a philosophical dissertation, explaining why and how a homœopathically selected remedy could accomplish this, that, or the other beneficial result in germ-diseases. As we have already said, the doctor very wisely adopted an entirely different, and far more logical and practical method of answering his questions. He simply appealed to the tribunal of a long-continued and varied clinical *experience*—to the irrefutable logic of facts. So far as the statistics were at his command, he cited the comparative results of homœopathic and "expectant" methods, the result proving that the former method does possess very marked curative power over such diseases as rheumatic fever and acute or "croupous" pneumonia. In the first-mentioned disease, the duration is lessened about six to ten days, and in the latter about two-thirds of the "expectant" mortality is prevented.

As regards cholera, yellow fever and typhus, Dr. Hayward had no statistics of "expectant" mortality with which to compare the results of homœopathic treatment. He therefore took the best method available—comparisons with old-school treatment. In cholera, the mortality under homœopathic treatment was from 21 to 54 per cent. of the allopathic mortality. In yellow fever, homœopathy loses 6 to 7 per cent. of her cases, while allopathy loses 50 to 80 per cent. In typhus, homœopathy loses 10 per cent., allopathy 21 per cent.

This is Dr. Hayward's answer. He evidently considers it a good and sufficient one, and such it certainly is. Our inability to explain these facts can in no wise lessen their force. Dr. Hayward, however, believes that a philosophical explanation of this remarkable curative property of homœopathic medicine in germ-diseases is furnished by known fact that different disease-germs live and propagate under different conditions, and that pabulum suitable for one kind is poison to another kind, *e.g.*, pabulum suitable for the yeast-germ will kill the pus-germ, and *vice versa*. "The blood that is food for some kinds of

germs has been proved to be poison to other kinds. So that by altering the character of the blood, we may destroy their means of existence. A very little, perhaps a mere atomic or metabolic change, may be sufficient to insure their death. Koch has shown that the germs of the septicæmia of the domestic mouse, injected into the blood of the field-mouse, die immediately. The germs of variola, morbilli, scarlatina, etc., cannot live in the blood that has been altered by a previous attack of the disease; nor can the germs of variola live in blood that has been altered by vaccine lymph, nor those of anthrax, chicken-cholera, or rabies in blood altered by vaccination with attenuated virus, as Pasteur has shown. It is also well known that the germs of yellow fever cannot live in blood under the influence of *Crotalus*, nor those of smooth scarlatina in blood under the influence of *Belladonna*," etc. Well may the doctor, in closing his address, exclaim, "What an elevated position of superiority is occupied by the physician who practices homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, the germ theory or any other theory are matters of little moment. He can go on relieving suffering, curing disease and shortening convalescence all the same. What a blessing to mankind, and what a privilege and honor to himself!"

COLLECTIVE INVESTIGATION.—At the International Medical Congress, recently held in Copenhagen, there was organized a Committee on Collective Investigation. The committee subsequently appointed a sub-committee to prepare a list of subjects for collective research, with memoranda and questions on each subject. Each member of the original committee will then pursue the work in his own way.

That great good to medical knowledge will result, in case such a movement is urged forward conscientiously and honestly, can scarcely be doubted. There are numerous questions connected with medical science which can, perhaps, be correctly answered in no other way; such, for instance, as the curative powers of certain drugs in certain types or varieties of disease; the causes of diseases of various forms whose etiology is as yet obscure; the scores of questions connected with sanitary science, etc., etc.

As regards the collective investigation of the curative properties of drugs in specified forms of disease, a grave difficulty

confronts the committee. It has been hitherto urged by the majority of physicians, *i.e.*, those of the larger sect, that statistics of this character are unreliable and fallacious. This is the reason assigned for their non-acceptance of the comparative results of homœopathic and empirical treatment as published from time to time, during the past fifty years or more. If it is shown by the committee that such statistics have been collected in such a manner as to satisfy the scientific demands of the time, it will, of course, render their acceptance necessary by all physicians who desire to escape the suspicion of dishonesty. If, on the other hand, the committee starts out anew, with well-defined rules for the preservation and collection of such statistics, the homœopathic school will doubtless at once conform to the new requirements, and hurl a new avalanche of statistics upon the devoted heads of their opponents. And the result cannot fail to be salutary. Let the Committee on Collective Investigation be warmly encouraged.

THE NEW LOCAL ANÆSTHETIC.—During the past month attention has been called to Cocaine Hydrochlorate as a local anæsthetic by the articles of Drs. Agnew, Moore, and Minor, in the *New York Medical Record*. The results which they report are moreover so unexpected and so startling that we reprint their papers almost as published, believing that any abstract of them would fail to do the subject justice.

Some two years ago Dr. Clarence Bartlett, of Philadelphia, drew the attention of several of his professional friends to the anæsthetic effect upon the mucous membrane of the throat, induced by chewing Coca leaves.

AN HONORABLE RECORD.—There are not many physicians now living, who can furnish personal professional experiences with the cholera epidemic of 1832, such as those given in our pages this month by the venerable Dr. James Kitchen. That epidemic occurred more than half a century ago, and yet, at that time, Dr. Kitchen had already been eleven years in practice, having graduated in 1821 in the University of Pennsylvania. He walks the streets of Philadelphia to-day, with almost the elasticity of youth, nor is his mental vigor impaired. May he be spared yet many years, to enjoy the affectionate veneration in which he is held by all his younger professional brethren.

Notes and Comments.

TOBACCO AS AN ANTIZYMOTIC.—M Pecholier, in the *Montpellier Medical*, claims that the use of tobacco preserves one from an infinity of contagious disorders.

SIGNIFICANT.—The *Medical Record* of New York has recently called attention in its editorial columns to a number of therapeutic fallacies of the medical school of which it is so able an exponent.

MEDICAL STUDY IN GREAT BRITAIN, FRANCE, AND GERMANY, is the subject of a most interesting article in the "student's number," October 4th, of the *New York Medical Journal*, published by D. Appleton & Co. The copy can be had for twelve cents.

SOMETHING THAT MIGHT HAVE BEEN SAID DIFFERENTLY.—*Pompous Physician* (to patient's wife). Why did you delay sending for me until he was out of his mind? *Wife*. O, doctor! while he was in his *right* mind he would not let me send for you.—*Fliegende-Blätter*.

CAPITAL AMPUTATIONS.—The capital amputations performed in the Western Pennsylvania Hospital at Pittsburgh during the seven years ending in January, 1884, aggregated 185 cases, with 48 deaths,—a mortality rate of nearly 26 per cent. Railroad accidents were responsible for 128 of the cases, and, of course, for a more than equally large proportion of the fatalities.

MR. HENRY BERGH has written a letter to the President of the Paris Society for the Prevention of Cruelty to Animals, in which he refers to M. Pasteur as "the merciless empiric who is destroying the flocks and herds of France after the fashion of his predecessor, the notorious Jenner, of England, who nearly a century ago commenced inoculating his countrymen with a noxious mucus taken from diseased animals, under the pretence of preventing and curing small-pox." Mr. B. says a great deal more of the same sort, but this is all that our readers will desire from that source.

HOW MICRO-ORGANISMS CAUSE DISEASE.—Dr. G. V. Black (*Jour. Am. Med. Asso.*, September 13, 1884) argues that natural organic poisons are uniformly waste products of the organisms in which they are found, that microscopic vegetations are not exceptions to this rule, and that when these organisms are present in the human system their morbid effects result from their excrementitious products, or from other substances produced either during the life or after the death of the micro-organism. Further on this subject see Dr. Tietze's Translation in *HAHNEMANNIAN MONTHLY* for May, 1884.

DR. SCHWENINGER, in curing Prince Bismarck, has aroused the ire of the allopathic profession of Germany. Some time ago he was created a professor, and now he has been given an order of nobility and made professor in the Faculty of Berlin University. The editors of the German medical journals refrain from any expression of opinion concerning Dr. Schweninger's ability and his recent cures, on account of a very proper fear of the "doughty old Chancellor." The only course left for them is to read with approval the comments on the subject in the English and American periodicals.

RESPONSIBILITY FOR PAYMENT OF A CONSULTING PHYSICIAN.—A test case was recently tried in Belleville, Ontario, to determine whether or not a patient is liable for the fees of a medical man who is called by a friend or

relative. In this case the brother of the patient summoned the consulting physician who assisted in the amputation of a finger. The patient refused to pay the consulting physician, on the ground that he had not engaged him, and told him to look to the attending physician for his fee. The judge who tried the case ordered a nonsuit, holding that the patient was responsible only to the physician he engaged.—*N. Y. Medical Record*.

New Publications.

THE KNOWLEDGE OF THE PHYSICIAN. A Course of Lectures Delivered at the Boston University School of Medicine, May, 1884. By Richard Hughes, M.D. Published by Otis Clapp & Son, Boston, 1884.

This book embraces twelve lectures upon subjects interesting and important alike to physicians and to students. Beginning with the "knowledge of life," they carry the enchanted reader, as doubtless they did the audience, to a knowledge of health, of disease, of medicines, of fevers, of rheumatism, of cerebral localization and drug action, and of the probable future of pharmacodynamics.

In style they are typical of what medical literature should be, plain but elegant, lucid, attractive; though, if not hypercritical, we would enter objection to a rather unnecessary interspersing of Latin, that mars the otherwise polished text.

Conservative in views, or rather not too radical, the lecturer has drawn from numerous and diverse sources; and has presented in concise form much that is new, and still more that, if not new, is so freshly told that it pleases as well as though it were.

In the lecture on the knowledge of life, Dr. Hughes considers life as a property of matter. To him protoplasm "is the only seat of vitality." The higher life of man, thought, love, conscience, will, "has for its substratum some entity of another kind called spiritual."

This divorcement of spiritual and natural, though common enough in literature, is a fruitful source of fallacies. The soul is tucked away, an idle spectator of the phenomena of the body in which it is imprisoned, while protoplasm imparts vitality, grows with food taken, and dies into nerves, muscles, and bones. So, as our author teaches, many of our actions are mechanically organized, are, as it were, natural impulses, which grow distinctively human just in proportion as we develop the inhibitory power of the frontal cerebral lobes, where the soul is permitted to act as monitor over the moral bearing of the body.

Protoplasm is not *proto-plasm*; it is many grades lower than the fine matters that are moulded by the soul into the human form.

Dr. Hughes ably defends homœopathy against charges preferred by the old school. Indeed, his arraignment of Prof. Bartholow is a masterly indictment, worthy the skill of an accomplished barrister. But we cannot follow him fully in his denunciation of Hahnemann's method of arranging the *Materia Medica*. The violent severance of symptoms naturally related

leads to many disadvantages; but to use symptomatology *a posteriori* only, and to employ a repertory chiefly "when an unusual symptom meets one, when a case 'hangs fire' under ordinary remedies,"—all this is to rely too confidently on an *a priori* synthetic study, and to neglect one of the most palpable truths of homœopathy. This truth is that symptoms, though seemingly disjointed, may, under certain well-determined conditions, be moulded into innumerable "totalities," differing widely from the totality or synthesis one constructs from a study of a drug considered in regard to the connection and sequence of its symptoms. Dr. Hughes seems to admit this, for he observes that a symptom-prescription will quite likely be followed by success. But his error, we think, consists in subordinating such practice, since Hahnemann proved that it is the peculiar characteristic symptoms we want, and when these are present, we can weave them into a thousand and one "totalities."

But we do not wish to detract from the value and interest of the remedies applied in the course of the lectures to various diseases, particularly to fevers, rheumatism, and neurotic affections. One can read with profit and delight examples of that nice application and keen discrimination for which the doctor is noted. As one peruses the descriptions of Colchicum in rheumatism, Plumbum in amyotrophic paralyses, Santonine in cerebral affections, etc., he cannot fail to see their precise relations to the respective diseases. We merely wish to protest against this as the maximum attainment of our art. There is a region above this synthesis into which we must often soar if we would cure promptly and permanently, and this region frequently defies our efforts at physiological explanation. The more assiduously we study our repertories and full symptomatology, the more frequently will we see the necessity for climbing into this region, and the more accurate will be our application of drugs.

But we have said enough in a captious way; we do not desire to find too much fault with a book that in many respects is above criticism. If we cannot agree with it all, we mention our objections, so that silence may not be construed into indorsement.

F.

Gleanings.

PREGNANCY AND ACCOUCHEMENT IN OLD PRIMIPARÆ.—At the close of a long and exhaustive article on this subject (*Arch. de Tocologie*), Dr. H. Courtade draws the following conclusions:

Pregnancy.—1. The late occurrence of the first conception is often due to a sort of paresis of the genital function as shown by the late establishing of menstruation and by its irregularity. 2. Perhaps the vices of conformation of the pelvis and of the vertebral column more frequent in old primiparæ, are causes of this retardation by causing a material obstacle to coition. 3. Twin pregnancy is frequent with old primiparæ, and more frequent as they are older. 4. The morbid complications supervening during pregnancy, whether of a purely accidental nature or due to pregnancy, are more frequently seen in old primiparæ. This is especially true as regards renal

affections and simple œdema consecutive to vascular troubles. 5. Eclampsia occurs more frequently in old primiparæ, and premature labors are more frequent.

Labor.—1. Labor is longer in old primiparæ, but not so long as is stated by foreign authors. This prolongation of labor is due, except in cases of deformed pelvis, to: *a*. Feebleness of the uterine contractions; *b*. Rigidity of the soft parts; *c*. In certain cases, though not many, to ankylosis of the coccyx. 2. The period of dilatation of the os is principally increased, though all the periods are increased. 3. Interference is often necessary in these cases on account of the three causes mentioned above, and especially on account of the frequency in these cases of pelvic deformity. 4. The mortality increases in old primiparæ with the age. The maternal morbidity, whether due to puerperal or accidental causes, is large. 5. On account of the lack of suppleness of the soft parts, perineal ruptures are more frequent in old primiparæ, and more frequent as the woman becomes older.

Children.—1. The influence of the age of the mother on the sex of the child is still problematic. 2. Vicious presentations are more frequent with old than with young primiparæ. 3. The infant mortality, as is that of the mother, is large on account of frequent interference, the duration of labor, the frequency of bad positions and presentations, the maternal morbidity.—*Amer. Journ. Med. Sc.*, Oct., 1884.

MUMPS AS A CAUSE OF SUDDEN DEAFNESS.—The observations of Dr. Leartus Connor respecting this subject establish certain facts: 1. Mumps do in some rare cases produce complete deafness. 2. This deafness is usually attended with all the evidences of disease of the labyrinth. 3. These show that it sometimes begins in the cochlea, but more frequently in the semicircular canals. 4. Owing to the lack of early observations and treatment, it is impossible to say that it is not transmitted through the middle ear from the parotids to the labyrinth. 5. The histories of some of the cases would seem to suggest that such an origin was possible. 6. This possibility renders it very important that every case of deafness during an attack of mumps be at once carefully examined so as to settle the question. 7. This possibility offers the only hope for the successful treatment of these cases so as to prevent deafness. Thus, if there be a middle-ear disease, we might hope that revulsive and counter-irritant treatment should arrest the disease and save the labyrinth. 8. As to treatment of the labyrinthine disease, nothing has thus far been devised that has produced any satisfactory result.—*Amer. Jour. Med. Sc.*, Oct., 1884.

ACONITE IN ACUTE SCIATICA.—Dr. Thomas Nichol relates the case of a gentleman who suffered from acute sciatica, which was promptly cured by Aconit. 3 \times . The pain extended the entire length of the limb. It commenced as a dull and painful dragging over the hip, soon succeeded by very acute pains, tearing and lancinating, darting like lightning along the entire track of the nerve. The pain, which was accompanied by numbness and tingling, passed from above downward, and at times it was very deep seated, apparently in the bones. The feet were cold, with occasional cold sweat, and the toes were the seat of sharp shooting pains, alternating with numbness and tingling. Marked relief had taken place at the end of the second day. In less than a week, the cure was complete.—*N. E. Med. Gazette*, October, 1884.

ACUTE GLAUCOMA INDUCED BY ATROPINE AFTER IRIDECTOMY.—Mr. W. J. Cant reports the case of a woman, æt. 65 years, who had one eye enucleated because of glaucoma obstinately refusing to be benefited by successive iridectomies. The sight of the remaining eye began to fail on account of incipient cataract. An iridectomy was advised and performed as a

preliminary to extraction of cataract and as an extra precaution against any glaucomatous affection. Unfortunately, eleven days after the operation, the patient, by mistake, used some atropine drops, with the result of bringing on an acute glaucoma. Eserine was then ordered, and in a few days all glaucomatous symptoms disappeared.—*Ophthalmic Review*, September, 1884.

THE TREATMENT OF IMMATURE CATARACT.—In his Presidential Address to the Ophthalmic Section of the B. M. A. at Belfast, Dr. McKeown recommended a novel procedure, lately practiced by himself for the maturing and complete removal of cataract, and incidentally for some other purposes, namely, the intracapsular and intraocular injection of water heated to the temperature of the body. "I hope," he said, "that ere long the experience of my brethren will enable them to share with me the opinion that all lenses, whether cataractous or not, and if cataractous, whether wholly or partially so, may be extracted with as much success as the most mature cataract may be at present." He described the methods of injection as follows: "1. The introduction within the capsule of a needle attached to an ordinary hypodermic syringe. If there be any part of the lens-substance easily disturbed, the injection usually ruptures the capsule a little at the point of puncture and washes out a good deal of cortex. It is certain that it clears out masses quite easily which could not readily be removed even by a scoop. This mode of injection is perfectly safe. 2. After removal of the nucleus, the introduction of water inside the capsule by gravitation from a bottle fitted with a tube. 3. The introduction of a similar terminal to that attached to the bottle but fixed to the syringe. The latter two methods require a good deal of care, and involve the question of the force allowable, and the time during which the flow of water and the syringing can be safely continued."—*Ophthalmic Review*, September, 1884.

DYSTOCIA FROM COILING OF THE CORD AROUND THE NECK OF THE FÆTUS.—Dr. George W. Rachel states as diagnostic of this complication: 1. Descent of the head during the pains and retraction during the intervals. 2. Insufficient head-flexion and over-rotation of the occiput. 3. Variability of the position of the head within narrow limits. 4. Distressing pain at the seat of the placenta. 5. Discharge of some blood immediately after each pain. If rigid perineum, dorsal displacement of an arm, or head and arm presentation can be excluded, the first symptom, especially when combined with some or all others given, points to true or accidental shortening of the cord.

By way of treatment, are recommended: 1. Anæsthesiation of the patient. 2. Extraction of the head by the forceps, and division of the cord to allow the delivery of the body. Or in extreme cases, 3. Division of the cord within the vagina, followed by the application of the forceps.—*Amer. Journ. of Obstet.*, September, 1884.

SIZYGIIUM.—The fruit of the *Sizygium jambolanum*, an East Indian plant belonging to the natural order Myrtaceæ, has recently been somewhat in demand on the continent for use in the treatment of diabetes. M. Banatrala has found in three cases in which he has tried it, that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. These results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part.—*The Lancet*, Aug. 2d, 1884.

A YEAR'S SURGERY AT THE LONDON TEMPERANCE HOSPITAL.—Mr. A. Pearce Gould submits the following propositions as the result of a year's

experience at the London Temperance Hospital: 1. *That alcohol is contra-indicated in all cases when it is important to secure physiological rest.* 2. *Therefore, in the period immediately following operations and injuries, especially large wounds, such as in amputations and excisions, compound fractures and severe hæmorrhage, alcohol is contra-indicated.* It is only admissible in those extreme cases where life is in immediate danger from failure of the heart, and in these cases we have, in subcutaneous injections of ether, a more potent stimulant. 3. *For exhaustive diseases alcohol is contra-indicated except as a temporary stimulant, and for the following reasons:* (a). By increasing the frequency and force of the heart's action without at the same time proportionately increasing the nutritive activity of the heart, it hastens the exhaustion of that organ. (b). By dilating the small vessels, it increases the difficulty with which the circulation is carried on. (c). By impeding the action of the digestive and assimilative organs, it lessens the supply of nutritive material entering the blood. Patients not taking alcohol have a more easy and regular digestion than those who do. (d). By increasing the work thrown upon the lungs and the kidneys, the two great excretory organs of the body, alcohol hinders the proper depuration of the blood, and possibly hastens the hypostatic congestion of the lungs so prone to occur in these cases. (e). By its narcotic influence upon the central nervous system, it interferes with the due discharge of its functions. 4. *In alcoholism, whether acute or chronic, alcohol is contra-indicated.*—*Journ. of the Amer. Med. Association*, September 13th, 1884.

THE TREATMENT OF LUPUS.—Mr. Bryant reports two cases of lupus in which successful results were obtained by scraping the ulcer, together with the subsequent application of carbolic acid.—*The Lancet*, Aug. 9th, 1884.

THE ANTRUM OF HIGHMORE AND SOME OF ITS DISEASES.—In a paper on the above subject, Dr. D. H. Goodwillie first considers suppurative within the antrum, which is, in the majority of instances, the result of suppurative pulpitis, most commonly from the first molar. Caries of the tooth sets up suppurative pulpitis, and the discharge passes through the apices of the roots into the antrum. The symptoms of antral abscess are at first a dull aching pain, and as the disease advances infra- and supra-orbital neuralgia, throbbing pain with redness, swelling, and fluctuation with rigors and fever. As the pus accumulates, the nasal wall, the weaker one, is quite apt to be forced toward the septum, often producing complete stenosis of the nostril, with possibly a discharge of pus. If there is much continued pressure, the stronger wall shows signs of distension, with swelling of the cheek, or the palate is forced downwards. Occasionally the orbital wall will be forced upwards, producing exophthalmos. The treatment consists in the evacuation of the pus by the extraction of decayed teeth, and through the socket of the first molar as the most direct course through the floor of the antrum by means of a trephine.

Catarrh of the antrum often coexists with catarrh of the nasal cavity, and is often the primary cause. The opening from the nasal cavity becomes enlarged, and the fetid catarrhal secretion passes into the nasal cavity. The treatment in such cases is to make a free opening from the inferior meatus into the antrum, all necrosis to be removed if any exists. It is to be kept thoroughly cleansed, and powders blown in.

Hydrops antri is a disease characterized by a gradual painless distension of the walls of the antrum, probably by the changes going on in the pent-up secretion.—*Medical News*, September 20th, 1884.

LARGE STEEL CHIP IN THE VITREOUS BODY; REMOVAL, WITH RETENTION OF NORMAL VISION.—Mr. P. H. Mules reports the following remarkable case: An iron worker was struck on the left eye by a piece of metal;

the chip penetrated the globe, unknown to the man, at the inner ciliary region, the wound being small and cleanly incised. There was no pain. Vision was unaffected. The ophthalmoscope showed a foreign body at the bottom of the vitreous chamber. The patient, who applied the day after the accident, was at once admitted into the hospital, chloroform administered, and the sclera opened through the tendon of the inferior rectus; through this opening an armature or end of a powerful electro-magnet was introduced. On withdrawal a piece of small steel was attached weighing one grain, the surface being as large as half a split pea. Both eyes were bandaged for a fortnight. There was no reaction. The wound of entrance and exit healed rapidly, and vision was normal and remained so.—*Br. Med. Journ.*, Aug. 23d, 1884.

THE NEOPLASTIC DIATHESIS.—In an address delivered before the International Medical Congress, M. Verneuil desired to prove: (1) that all true neoplasms by the identity of their constitutional origin and their primary causes make up a natural pathological group; (2) that they grow by a special disposition of a particular morbid disposition—in a word, a diathesis which he calls neoplastic; (3) that this diathesis is neither original nor independent, but derived from a much more general constitutional derangement—arthritis. The true neoplasm is an arthritic manifestation of the same type with biliary gravel, eczema, gout, etc. A neoplasm, he defined as an accidental organ, definite, superfluous and harmful, formed by the hyperplasia of anatomical elements and tissues morphologically and chemically altered; an organ which is the seat of perverted and disordered nutrition, and a local manifestation of a particular diathesis, having its root in the arthritic dyscrasia. The speaker admitted but one diathesis for all neoplasms, at all ages and in all conditions, and this diathesis he believed to be hereditary. Its oneness was proved by the multiplicity and the diversity of the neoplasms in the same subject at one and the same time or at different periods of life, by the multiplicity of pathological tissues in one and the same tumor, by the substitution of one form of neoplasm by another at the same spot. The diathesis is of itself, insufficient to produce anything of itself, without the coöperation of an exciting cause. In closing his address, Verneuil endeavored to prove that the neoplastic diathesis springs directly from arthritis. He brought in as arguments supporting it, the association or the almost constant alterations of neoplasms and arthritic manifestations; and at the same time, the extreme rarity, and almost incompatibility of these same neoplasms with scrofula, itself far removed from arthritis.—*Br. Med. Journ.*, Aug. 30th, 1884.

ETIOLOGY OF GONORRHOEAL RHEUMATISM.—The address in Medicine before the British Medical Association, was delivered by Dr. Ord. His subject was, "Some Disorders of Nutrition Related with Affections of the Nervous System." In the course of his remarks, he spoke of the so-called gonorrhœal rheumatism. The arthritis in these cases differs anatomically, in no wise from other forms described. When the gonorrhœa ceases, the joint usually gets well. The arthritis sometimes coincides with, sometimes alternates with the gonorrhœal flow. The affection is only seen in males. Brodie, Elliotson, Fuller and others, have cited instances in which a simple, that is to say, not gonorrhœal, urethritis has had an arthritis associated with it. The author then proceeds to detail a case of his own, that of a gentleman, who on three occasions has had severe purulent urethritis, which he asserts to be absolutely unconnected with any possible source of gonorrhœal kind. This is followed by sharp arthritis and sometimes by gouty inflammation of the toe, lasting until the discharge is checked. Women certainly suffer from gonorrhœa, yet they do not have this form of arthritis. This certainly speaks against its being the result of constitutional infection. The

author himself suggests a parallel between the nodosities of the joints in women so often associated with irritation of the uterine surfaces, and the blenorrlagic arthritis associated in men with inflammation of the urethral surface, particularly if the prostatic urethra be affected. Irritation here has, at times, an effect on the spinal cord, which is very nearly reacting in trophic influence upon the limbs. A case is then related of a gentleman, who had lost his wife two years before, and who was suffering from a painful affection of the knees. Both knee-joints were greatly distended with fluid, and were tender but not much heated. All treatment was unavailing. Then he married again, and shortly was quite well. Seven years later his joints began to get bad again, and at the same time, his wife is suffering from a uterine affection, absolutely prohibiting cohabitation. The suggestion is, therefore, possible that the irritation of the nerve-cells in the spinal cord, carried to them through channels of urethral nerves, may set up an excitement in those cells giving rise to irritative processes in the joints supplied by them. —*N. Y. Med. Rec.*, Aug. 30th, 1884.

ERYSIPELATOUS ERUPTION OF THE FACE CAUSED BY ARNICA.—The patient, a baker, aet. 42 years, under the treatment of Cartier (*Lyon Medical*) sustained a contused wound on the outer portion of the left superciliary ridge. To this he applied tincture of arnica several times in the course of the evening. The next day he went to a druggist who gave him a mixture of bran water and arnica tincture, probably in equal proportions. Two days afterwards the face was enormously swollen; the skin of the forehead and of the cheek on the injured side was bright red and covered with phlyctenæ from some of which issued an abundance of clear lemon-colored fluid; the left eye could not be opened, and the aperture of the lids was almost hidden by the tumefaction. The rest of the face was affected, but in a less degree; the redness faded away at the neck, when some small vesicles gave the skin a roughened appearance. Next day, the oedema had fully extended over the right side of the face, and both eyes were completely closed. Submaxillary glands swollen on both sides. On the fifth day, the vesicles were succeeded by yellowish scales. By the fifteenth a complete cure had taken place.—*Journ. Cutan. and Vener. Dis.*, September, 1884.

REMARKABLE ERUPTION FOLLOWING THE ADMINISTRATION OF IODIDE OF POTASSIUM is recorded by Dr. James Lindsay (*Brit. Med. Journ.*). A woman, aged fifty-eight, suffered from paralysis of one arm for which iodide of potassium in $3\frac{1}{2}$ grain doses, was ordered; after taking two doses ($17\frac{1}{2}$ grains) the patient felt very sick, had a severe headache and intense itching, beginning between the shoulders and spreading rapidly over the trunk, upper extremities and face; following the itching, came an eruption of bullæ, each of which was surrounded by two bright red concentric rings, the outer about as big as a crown piece (a little larger than a dollar), the inner somewhat smaller. Except two spots on the thigh, the lower extremities escaped, but elsewhere the body was quite covered; on the face, the spots were close round the eyes and mouth, and even in the nostrils. She suffered severely from sore throat, but had scarcely any nasal catarrh; the headache and prostration were intense. A curious fact was that the catamenia, which had been absent twelve years, reappeared and continued during the week for which she was taking the iodide.—*Journ. Cutan. and Vener. Dis.*, September, 1884.

EARLY POST-MORTEM RIGIDITY.—Dr. James Finlayson reports a case in which post-mortem rigidity came on within fifteen minutes after death. The patient had Bright's disease, and died suddenly.—*Br. Med. Journ.*, September 6th, 1884.

ON THE NATURE OF THE JEQUIRITY INFLAMMATION.—It has been claimed that the inflammation produced by jequirity is due to a bacillus

found in the infusion. The researches of Mr. Arthur Benson show that this is not the case, although he has not as yet satisfied himself as to its real nature. He could produce the characteristic membranous ophthalmia with jequirity powder, with freshly made cold infusion, with infusion in which the bacilli had developed, with the same after they had died, and with an infusion more than eight weeks old, but still swarming with micro-organisms of various kinds; while he had failed to produce any results by inoculation of the discharge or membrane caused by jequirity. Nor could he, in the membrane or discharge, find any bacilli. He had latterly tried the effects of powdered jequirity dusted on callous ulcers of the legs, and found that a similar membranous inflammation was produced on them as in the conjunctiva, the membrane being easily detached from the ulcerated surface. The stimulation caused by the application seemed beneficial in a certain class of ulcers, and even in vascular ulcers the application of the powder produced scarcely any pain whatever.—*The Lancet*, Aug. 2d, 1884.

RADICAL CURE OF HERNIA BY TORSION OF THE SAC.—Mr. Ball, who first suggested torsion of the sac as a procedure for the radical cure of hernia, claims for his method the following advantages: First, a more thorough closure of that portion of the sac situated in the inguinal canal is obtained than can possibly be obtained by any simple ligature, no matter how high up it is placed. Secondly, the twisting has the effect of tightening and throwing into ridges the peritoneum for a considerable area around the abdominal opening. Thirdly, the danger of septic peritonitis is diminished; for, if, by any imperfection in the dressing, the wound become septic, it is highly improbable that inflammation would spread up the tube of peritoneum closely twisted into apposition without producing limited adhesion. In operating, Mr. Ball first isolates the sac from the cord. The sac is then grasped high up with a pair of clamp-forceps, and given five or six half-turns or as many turns as may be necessary to give a sensation of marked resistance, care being taken not to twist too much on account of the risk of rupturing the sac. A ligature of carbolized gut is then tied tightly around the neck, and a salmon-gut suture passed through the pillars of the ring and also through the twisted stump with the view of preventing untwisting, and then the operation is completed in the usual manner. In twisting the sac, nothing should be twisted but the thickened peritoneum and subperitoneal tissue.—*Br. Med. Journ.*, Sept. 6th, 1884.

News, Etc.

REMOVALS.—WILLIAM O. GRIGGS, M.D., from 716 Buttonwood Street to 509 Franklin Street, Philadelphia.

THE MORTALITY FROM CHOLERA in Genoa, reaches the astonishing rate of seventy-five per cent.

THE LONDON HOMOEOPATHIC MEDICAL SCHOOL has appointed Dr. J. H. Clarke to the lectureship *Materia Medica*, lately vacated by Dr. Burnett.

DR. J. H. GALLINGER, of Concord, New Hampshire, has received the nomination for member of Congress, and will undoubtedly be elected.

THE CHILDREN'S HOSPITAL OF PHILADELPHIA, during the seven and a quarter years of its existence, has treated, in its Dispensary Department, a total of 93,615 cases.

DR. A. C. COWPERTHWAIT has been appointed to the Chair of Materia Medica, Pharmacology and Clinical Medicine, in the University of Michigan.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.—The volume for 1884 is published and ready for distribution to members not in arrears for dues.

DR. JOHN W. MALLETT, Professor of Chemistry in the University of Virginia, has been elected to succeed Dr. Robert E. Rogers as Professor of Medical Chemistry in Jefferson Medical College.

WANTED.—A copy of *The Philadelphia Journal of Homoeopathy*. Address T. F. Allen, M.D., 10 East 36th Street, New York City. It was published in 1852, Dr. William A. Gardiner being the editor.

THE CHESTER COUNTY MEDICAL SOCIETY (allopathic) has passed resolutions suggesting that the committee of arrangements of the Medical Society of Pennsylvania so arrange the programme for the next annual meeting, as to allow not more than one stated address and three voluntary papers, or two stated addresses and two voluntary papers, to each morning or afternoon session. Also, that pertinent discussion of the subjects therein treated be favored by printing and circulating with the programme brief abstracts showing what particular phases of the subjects brought forward it is proposed to discuss."

At a recent trial in Glasgow, in which the right of parents to remove their children from a hospital, when warned that such a proceeding would be likely to cause the death of the child, was brought up, is of peculiar interest to medical men. A little child had been run over by a tram-car, and taken into the infirmary. Whilst there, tetanus set in, and the child was removed by his mother, contrary to the opinion and advice of the medical authorities. The child died within an hour of his removal, and the parents brought an action against the tramway company for causing the death of the child. The parents lost the case, there being no evidence of carelessness on the part of the defendants. In giving his opinion, Sheriff Guthrie is reported to have said: "The infirmary authorities seem to think they are bound to hand over children, whatever their state may be, on the demand of their parents. I entirely demur to that opinion. I think it is the duty of the infirmary authorities to refuse to permit unnecessary risk to life, and no court of law would, for a moment, sanction the doctrine that the parent was legally entitled to cause his child's death, when it is patent to medical authorities that such would be the necessary result of removing the patient."

MEDICAL SOCIETY OF NORTHERN NEW YORK.—The thirty-third annual meeting of this society was held at the City Hall, Albany, October 1st. The vice-president, Dr. C. J. Farley, opened the sessions by reading an introductory address, in which he reviewed the work and animus of the association, pointed out the measures for increasing its influence and usefulness, and advocated the abolition of all sectarian distinctions on account of therapeutic belief or practice, and urged the adoption of the widest liberty of opinion and action.

The papers read and subjects presented for discussion embraced a wide range of thought, and indicated depth of research, originality, and thoroughness of investigation, and were fertile in practical suggestions. The more important are the following:

A paper, entitled "The Neurasthenic Symptoms of Physostigma," by Dr. F. F. Laird, of Utica, an honorary member. A paper, entitled "The Treatment of Carbuncle by Means of Hypodermic Injections of Carbolic Acid, in Connection with the External Limiting Applications of Collodion," by Dr.

M. O. Terry, of Utica, an honorary member. Cases of Typhoid Fever, Varicose Ulcers, and Incipient Phthisis, by Dr. C. J. Farley, of Fort Edward. Case of Chronic Enteritis, by Dr. A. C. Howland, of Poughkeepsie. A Descriptive Statement of a Case of Intentional Poisoning by Arsenic; also, a plan of Treatment, by injections and otherwise, for the relief of Piles and other Pelvic diseases, by Dr. H. W. Hamilton, of Brandon. A paper, delineating the various surgical measures to be employed for the relief of Hemorrhoidal Tumors, by Dr. H. S. Paine, of Albany. The history of a case of Typhoid Fever having Unusual Complications, by Dr. G. E. Gorham, of Albany. The peculiarities of a case of Exophthalmic Goitre, by Dr. W. W. French, of Ballston. The varied and obscure symptoms of an obstinate case of Tape-worm, which has, for several years, resisted many heroic methods of treatment, by Dr. J. F. Niver, of Cambridge. The special features of an obstinate case of Neuralgia; also, one of Gastric Ulcer, by Dr. W. S. Gurnsey, of Gloversville. The history and successful treatment of a large Carbuncle, by Dr. D. E. Collins, of Grapeville. A statement of the measures usually employed in practice for the treatment of Varicose Ulcers, by Dr. G. W. Stratton, of Lee. The characteristic symptoms of a case of Leucocythæmia, illustrated by microscopic evidences of the Altered Condition of the Blood-corpuscles, by Dr. H. M. Paine, of Albany. A statement relative to the Toxic Effects of certain Doses of Remedies, by Dr. L. Hale, of Albany.

The officers elected for the ensuing year are: Dr. C. J. Farley, of Fort Edward, president; Dr. G. W. Stratton, of Lee, vice-president; Dr. G. E. Gorham, of Albany, secretary; Drs. J. LaDow, of Mechanicville, W. R. Case and John C. Otis, of Poughkeepsie, H. W. Hamilton, of Brandon, and F. Hamilton, of Rutland, were elected active members; and Drs. C. A. Gale, of Rutland, Vermont, and R. E. Canuthers, of Allegheny City, Pennsylvania, were elected honorary members of the society. The physicians and members present represented the counties of Albany, Saratoga, Greene, Washington, Dutchess, Fulton, of this State, Berkshire, Massachusetts, and Rutland, Vermont. The next annual meeting of the society will be held at Troy on the first Wednesday of May, 1885.

MARRIED.—MILSON—DEILY. At Catasauqua, Pa., October 21st, 1884, Dr. Chas. E. Milson of Catasauqua, to Miss Camilla E. Deily, only daughter of F. J. Deily, Esq., of the same place.

OBITUARY—BARDEN.

DR. WILLIAM M. BARDEN, of Mansfield, Pa., died September 30th, 1884, after a long and painful sickness, aged 72 years. He was born in Benton, Yates County, N. Y., February 14th, 1812. His medical course was taken at Geneva, N. Y. In 1850 he began to investigate the principles of homœopathy, and in November, 1852, located at Mansfield, Pa., and began the practice of the new school of medicine. He was the pioneer of homœopathy in this part of Pennsylvania. He bore the jibes and sneers of the old school physicians with indifference, and was successful as a practitioner, and in establishing a large and lucrative practice. About fifteen years ago he became very deaf, which marred his social intercourse and debarred him from the pleasure and profit to be derived from attending medical societies. His library was filled with the standard medical works, and bear the signs of having been *well used*. Two of his sons, Dr. J. M. Barden of Mansfield, Pa., and O. P. Barden of Tioga, Pa., graduates of the New York and Philadelphia homœopathic colleges, are extending the good work begun by their father.

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LARYNGOLOGY.

BY HORACE F. IVINS, M.D.

(A lecture delivered at the Hahnemann Medical College of Philadelphia, Preliminary Course, September 23d, 1884.)

GENTLEMEN :

LARYNGOLOGY, a study of the larynx, anatomically, physiologically, and pathologically during life, or, as Dunglison gives it, "A Treatise on the Larynx," is, as many of you know, one of the youngest divisions of medical science, and no branch of this noble calling deserves more the name of a science.

Let us, to-day, go over briefly some of the appliances which make the practice of laryngology a possibility, together with some of the discoveries which the instrument called the laryngoscope, or larynx-viewer, has made for us; and, finally, some of the diseases which are incident to the vocal organ, voice-box, or larynx, that organ which possesses the ability to bring forth in all their purity, their richness, the tones of the human voice, that most perfect of musical instruments, with its thousands of modulations from the softest whisper to the loudest command; from that pathos found in the voices of God's loveliest creatures to the fiendish tones of brute savages; from the deepest sounds of the bass voice to the clear ringing vibrations of the pure soprano; and between these two extremes of bass and soprano the almost innumerable variations of tone-production. As we watch its development from the cradle in the babe's first cooing to the fully-developed tones of him who commands a host, or melts to tears his sympathetic audience, it seems almost incredible that such a wonderful organ should be in the possession of each human being who treads the earth. It seems almost incredible, I said, and yet when we come to

think of it, the voice is not the only one of our great and wonderful gifts; look at the eyes, how they give us sight of all things upon earth, and how this visual organ can open before us the starry heavens; the ear, again, with which the voices of those around us can be heard; the mind, etc. Although this is a little digression, I only indulge in it that you may give one thought to the beautiful construction of this human frame, the study of which you have already commenced. But let us return to our consideration of the larynx.

It taxed the ingenuity of surgeons for centuries to construct an instrument with which to view the interior of this organ in its living state, and to observe its action during the production of its numerous tones. It was not until September, 1854,—just thirty years ago,—that Signor Garcia, a singing teacher of great note, and living in London then as now, obtained a view of the vocal bands, the action of which he then so accurately described that comparatively little has since been added. Now that this instrument—the laryngoscope—has been invented, it is of the greatest value in studying, not only the physiology and anatomy of the larynx as Garcia intended, but it is also an invaluable aid to the surgeon in demonstrating the presence of disease, revealing, as it does, the special form and nature of this deviation from health, and even sometimes pointing an unerring finger to diseases the origin of which is far removed from our point of view.

Let us, then, briefly describe the laryngoscope. It consists, as you see, of a plane-mirror set in a metal frame, and attached, at an angle of about 120° , to a wire-stem, which ends in a handle of wood, ivory, or hard rubber, for convenience of manipulation. The mirror may be round, oval, triangular, or diamond-shaped; the first, round form, being the best. It may vary in diameter from $\frac{5}{8}$ to $\frac{9}{8}$ of an inch. The complete instrument measures about 8 inches in length.

With this little reflector placed in the back of the mouth, one needs but a good light thrown on to it while in that position to see, in most cases, the larynx, in some the trachea, and occasionally the bifurcation of the windpipe, or even a short distance into the right bronchus.

The light may be direct sunlight, streaming over the examiner's shoulder and on to the mirror held in the patient's mouth; a gas or lamp light similarly placed, or, better, held between the examiner and the patient's mouth; but, these positions all being rather awkward, and the bright lights annoying to both physician and patient, a reflector is, therefore, usu-

ally worn on the examiner's head. This does away with the uncertainty of the sun's rays, and the annoyance to the patient of the light shining in his eyes. The examiner obtains a similar relief, at the same time that he has a better opportunity for examination, having more room for freedom of action. The light, in this instance, is placed by the side of the patient's head, is received upon the mirror worn on the head of the examiner, and thus reflected on to the little throat mirror held in the back of the patient's mouth.

This throat mirror is slightly warmed before introduction, either by dipping it in hot water, or preferably, by holding the reflecting surface directly above a gas flame. It is thus heated to prevent the expired (warm) breath from condensing upon its cool surface, and thus blurring the image which it is intended it should receive. Being warm, it is placed within the mouth, with its metal surface against the uvula and soft palate, and its reflecting surface downward. The light then being thrown directly upon its face, an image may be at once obtained of the larynx and parts below; but, generally, it will be necessary for the patient to first articulate, thus causing the larynx to rise in the throat. If an ordinarily high note is sounded, and if *ā* or *ē* are the vowels produced, the epiglottis will stand nearly erect, thus giving a good view of the laryngeal cavity. If the base of the tongue rise sufficiently to obstruct the view, its tip had better be enveloped in a soft napkin, and, being held between the thumb and fingers, is pulled gently out of the mouth. This will sometimes fail, when it becomes necessary to depress the tongue near its base. Still other hindrances will arise in some cases which need not be considered here; you may gain some clue to them from books devoted to laryngoscopy, while others again must be learned from experience.

The conditions which the use of the laryngoscope has brought to light are of great importance, and have done away with all the theories of voice-production by bringing within the range of our vision the actual mechanism of the vocal function.

The larynx is a cartilaginous framework, the various portions of which are held together by ligaments. The movements of these different portions are caused by muscles, the chief action of which is to regulate the contact and separation of the vocal bands or cords, that the voice may be produced, or that respiration may be carried on without obstruction.

The vocal bands are the essential parts in the production of the voice. They are two ribbon-like bands of yellow elastic

tissue, which stretch across the interior of the larynx from front to back. Their flat surfaces are directed upwards. They are inserted side by side in the thyroid or shield cartilage, that prominence known as "Adam's apple," and passing backwards are attached to the arytenoid cartilages. These cartilages are very mobile, and by their rotation and tilting serve to bring together or separate the posterior ends of the vocal bands. We will liken these vocal bands to the index and middle fingers, which, however, should be the same length.

The ends of the fingers correspond to the arytenoid cartilages posteriorly, and the webbing between the fingers to that of the anterior extremities of the vocal bands. If we separate the fingers, there will be a triangular space left between them. This separation of the fingers represents the separation of the vocal bands during the performance of respiration, while the approximation of the fingers gives us the position of these bands during voice-production. The space between the vocal bands, which is wide during respiration, and but a mere slit during vocalization, is called the glottis.

On deep inspiration the bands are separated to their fullest extent in order to allow a free supply of air to the lungs; during a forced expiration the position is about the same, though they frequently approximate slightly. With ordinary respiration they are not separated so much as in labored breathing. During inspiration the vocal bands are abducted by muscular contraction, but during expiration they are chiefly separated by the stream of outgoing air, the muscles playing but a small part in this function.

Let us now investigate the chief points in the mechanism of the voice. We have learned that the larynx is called the "voice-box," and that the vocal bands or cords are the principal portions of this organ which relate to the vocal function. You have heard that during articulation the vocal bands approach each other; let us see why it is necessary to have this approximation, and what produces the voice.

In the first place, we must liken the vocal apparatus to some musical instrument before we can make clear the *modus operandi* of this complicated organ as designed by the great hand of Nature. After a little investigation it will be evident that we cannot consider it either a stringed, piped, or reed instrument, as its construction is evidently too complicated for any one of these; it represents, in certain respects, each of them. To give some idea of the mechanism of the production of the voice, we will select, as an instrument for illustration, the parlor organ or harmonium.

In order to make a tone it is essential to have vibration, since we know that sound is produced by a vibrating body only. The vibrating body in the harmonium is the reed, and this corresponds to the vocal bands in the larynx. In order that this reed shall be set in vibration we must have some motor power, which is, in the parlor organ as well as in the larynx, air. The bellows furnish this power in the instrument of artificial construction, while the lungs serve a similar purpose in that designed by nature.

We have now two essentials of sound-producing organs: (1st), the lungs which force the air against (2d) the approximated vocal bands. One important structure is yet necessary to the clear tone production, a resonant cavity. In the harmonium this is furnished by the sounding-board, while the throat, nose, mouth, teeth, and bones of the head act as resonators for the vocal organ. Thus are the three essentials furnished.

The air is taken into the lungs while the glottis is open. Inspiration having ended after the lungs are thoroughly inflated—the air serving at the same time to purify the blood—the vitiated air is forced by the lungs out through the wind-pipe, and, coming against the approximated vocal bands, sets them in vibration. This to-and-fro motion sets the column of air both above and below them into oscillation, and, as this resonant cavity serves to reinforce the vibrations, we have, as a result, sound, which would be very imperfect without this third essential, just as with the tuning-fork, which, when struck and held in the hand away from any good sound-conductor, produces but a slight tone, but as soon as the handle is brought in contact with a resonating body, the vibrations can be heard at a considerable distance.

When the lungs force the air which they contain against the open glottis, the vocal bands are not set in vibration, and no sound is emitted, but as soon as the glottis is narrowed by muscular action during an expiration, we have a tone produced.

This is an interesting topic, and would occupy too much of our time were we to pursue it to completion; but before leaving it, our attention should be directed to the action of the vocal bands during the production of the various tones.

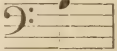
A law of sounds produced by stringed instruments may be thus stated: The thicker, the longer, the less tense a string, the graver will be the tone produced by that string when set in vibration; and the shorter, the thinner, and the tenser a string, the higher will be its pitch. For instance, on a zither,

harp, or piano, the bass strings are much longer, thicker, and looser than are the treble strings; while with a violin, guitar, etc., the bass strings are heavier and less tense than the treble, and in order to make the tones more acute on any desired string, the latter is shortened by placing the finger upon it at varying intervals—stopping it,—and when struck the sound will rise in pitch accordingly.

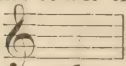
A similar law applies to reed instruments; but when we consider the difference in length between the violin strings and the vocal bands it seems marvellous that the voice should have such a range and the various notes be struck with such precision.

It must be remembered that in the male adult larynx, each vocal band is rather less than an inch long; and in the adult female but little more than three-quarters of an inch. The width of the bands is scarcely more than an eighth of an inch, while their thickness varies from a sixteenth at the attached side to a mere edge at the free border, which is directed towards the opposite band. From this free edge it gradually thickens until it reaches the lateral wall of the larynx to which it is firmly attached. It will thus be seen that the vocal ligament is prismatic in form and with but one free edge.

In the production of the lowest tones of the adult voice, the vocal bands are not brought in contact throughout their length, but an elliptical opening is left between them while they are only sufficiently stretched lengthwise, by muscular action, to produce a clear tone. As the scale is ascended the vocal bands are more closely approximated and more tensely stretched

until—in the male voice—the  a below middle c is

reached. This is known as the lower chest or lower thick register of the voice. *Chest*, because the whole chest seems to vibrate; as the scale is ascended the superior portion of the chest seems to be the chief vibrating portion, and finally the vibrations seem to originate in the head, and we have head-tones, so-called. *Thick*, because the vocal bands are much thicker in this than in the next or thin register. In the female, and in the male voice prior to the age of puberty, we have the same lower thick register which extends from the lowest tones

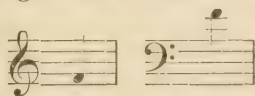
to  middle c. In this register the vocal bands vibrate

throughout their extent, while a large amount of air is requisite, owing to its free escape through the elliptical opening between the bands. This condition is parallel with that found

in brass wind-instruments, *e.g.*, those who play the bass horns, tubas, use much more breath in playing the instruments than do those who play the treble horns, cornets. This is owing to a condition similar to that which we have in the larynx, *i.e.*, in the bass horns, the mouth-piece and its aperture leading to the main portion of the instrument—corresponding to the glottis—are much larger, and admit more air than do the smaller mouth-piece and aperture of the cornet.

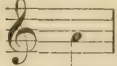
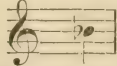
It is true that in the lower thick register we have very few tones belonging either to the pure soprano or tenor voice, the contralto, baritone, and bass finding here their characteristic tones.

In the next register—upper thick or upper chest—the vocal bands are in close contact throughout their length, and are very tensely stretched in all directions. This register extends in both the male and female voices as far as *f* above middle *c*. Here the mechanism again changes. From this point the greater portion of the vocal bands



is quite still, the edges alone vibrating; at the same time the vocal ligaments are, by muscular action, made much thinner than in the registers already described. The bass voice seldom has the ability to reach this register; the baritone usually has one, two, or three of its notes; the tenor makes use of it in the form of a falsetto, provided he does not force the upper chest register, and thus obtain these notes without a resort to the falsetto method, a very pernicious practice which will, in time, destroy his voice. It is a well-established fact that tenor singers usually retain the purity and strength of their upper tones but a moderately short period, owing to this forcing system, while those who possess a good baritone or bass voice, and who do not “force the registers,” as it is called, retain their voices intact to quite an advanced age.

That the forcing of the chest mechanism into that which should be the falsetto is injurious to the voice, is self-evident when we compare the singers who employ these two different methods, *i.e.*, those who change the mechanism from the thick to the thin at about the *f* above middle *c* retain their voices much longer than those who use the chest register even as far

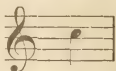
as  or  the *a* or *b* $\frac{1}{2}$ above. Further,

in this latter class, there is a greater sense of fatigue after singing as well as a greater effort at the time.

It may be argued that there is too much variation in the tones as the voice suddenly changes from chest to falsetto. That is very true in many cases, but where the singer uses a natural method in the production of the tones, *i.e.*, if he breathes chiefly with the lower and not with the upper part of the chest, and if he opens widely the mouth as well as the pharynx, the change is but gradual, and these two mechanisms alternate so imperceptibly that a break is scarcely observable. There is, likewise, in some voices, a decided change in the tones in passing from the lower to the upper chest register, but by intelligent practice both of these breaks can usually be overcome.


This thin or falsetto register is not changed again in the male voice, except in those rare cases in which the vocal bands are constructed much as are those of the female, when we find well-formed head-tones, the notes produced by the head, or, as now sometimes called, according to Mr. Curwen's classification, the small register.

With the female voice we have, strictly speaking, two divisions in the thin as in the thick register; thus, in the lower

thin—which extends to —we have a linear, slit-like

opening, reaching the full length of the glottic orifice, the vocal bands vibrating throughout. At the *c* indicated—an octave above middle *c*—the mechanism changes, and the same picture is presented as that described for the male falsetto.

The small or head register of the female voice begins at

, *f*# on the fifth line of the treble staff, and continues

to the end of the compass. This voice belongs especially to the soprano, as does the lower thick to the bass voice; but, as in the latter, the baritone-contralto, mezzo-soprano and tenor have some notes in common, so with the small voice, for in it the contralto and mezzo-soprano have some tones, and the tenor, as stated, has, in exceptional cases, this mechanism. In this voice we have a constant closure of the posterior portion of the glottis, while the anterior third is elliptical in form. The anterior thirds of the vocal bands alone vibrate, the posterior two-thirds remaining quiet. As the scale is ascended, this anterior elliptical opening gradually grows smaller.

It must not be understood that these changes, which I have designated, are all that occur as one register is exchanged for

another ; time will not permit me to do more than refer to some of them. Thus the larynx changes its position in the throat, the epiglottis is either elevated or depressed, the trachea is lengthened or shortened, its diameter increased or diminished ; the pharynx more or less open ; the soft palate, uvula and half arches more or less contracted or relaxed ; the base of the tongue depressed much or little, the current of air directed more against the teeth or up towards the hard palate ; the mouth more or less open ; etc. Within the larynx itself the arytenoid cartilages are less closely approximated in the lower than in the upper thick register, and the vibration of the false vocal bands and of the larynx generally is greater in the lower than in the upper tones.

While the abdominal and lower chest muscles are always upon the stretch in singing, the higher the tone produced the greater should be their tension, and *vice versa*. The same is true with reference to cornet playing.

It has been shown that the human voice is, strictly speaking, divided into five registers ; the lower and upper thick corresponding to the lower and upper chest ; the lower and upper thin corresponding to similar divisions of the falsetto, and the small or head register.

The existence of registers in the human voice, which has been so often denied, is now too well established—thanks to Manuel Garcia and our little laryngoscope—to require any defence.

When we started out, the statement was made that “ during inspiration the vocal bands are widely separated.” I now repeat the remark for the purpose of emphasizing it and of bringing to your notice the fact that, while speaking or singing, the vocal bands always separate at each break in the tone production. While laughing, the bands are seen to separate between each tone ; thus the glottis is opened—and immediately closed again—from six to eight times in a second, or even as often as fourteen times, perhaps, for with some persons the tones in laughing are so slightly broken as to almost represent a continuous sound. We know that these tones cannot amount to sixteen *per* second, else we would have a continuous sound, for, beyond this number, the human ear fails to perceive the separate tones.

Let me conclude this division of our subject with an allusion to the marvellously exact control which a good singer must have over the action of the vocal apparatus, especially over the vocal bands.

You have all noticed, during the tuning of a stringed instrument, the slight change in the tension which is required to alter the pitch of a tone, and the difficulty which is encountered in tuning a string to any given tone. Bearing in mind that in this tuning of a string but one mechanism—that of stretching—is employed, it seems to us almost impossible that a person can so accurately tune, at will, the vocal organ that any pitch on the scale may be produced, nay more, that a great number of various sounds can be brought forth by the human vocal apparatus between any two tones of the instrumental scale. Thus it is said of Madame Mara—with a compass of three octaves—that she was able to strike at will nearly sixty different variations of pitch in the space of half a tone, thus making, within a space of three octaves, 2100 changes, each one requiring a different compound mechanism for its production. This vast number corresponds with thirty-six variations as represented within three octaves on the piano forte.

Thus, gentlemen, you can readily understand why I made the statement that the human voice is neither a reed, string, nor pipe instrument, but is immeasurably superior to all of these, and combines in one tone-production nearly as much complication of mechanism as the sounding in unison of every instrument in an orchestra, and yet the action of these combined portions is so simple that the tones are produced almost without a thought.

The mechanisms of the registers of the human voice are similar to the production of the tones on the different strings of a violin. Thus we may compare the chest-register with the *G* or bass string, which is capable of producing the tones from *g* up to, we will say, *d*; beyond that point, without changing the position of the hand on the neck of the instrument, *i. e.*, changing the mechanism, we cannot play; then, in order to produce the higher tones, we must leave the *G* string, and pass to the *D*, which is finer, or, in other words, we must change from the lower thick to the upper thick register, which is represented by the *D* string. After that we come to *A*, the string which represents the lower thin, and the *E*, the upper thin. In order to produce the higher tones which correspond to the small voice, we must close entirely the notes *e*, *f*, *g*, *a*, and *b*, by shifting our position; and this shifting corresponds to the closure of the posterior portion of the glottis as in the small voice.

It is true that, by shifting the position on any one of these

strings, the tone can be thus elevated, but even then the change of position corresponds to a change of mechanism.

It is a question often asked—what is the difference in the appearance between the larynx of a bass and a tenor singer? To this we can only say, we do not know! Many theories have been advanced as to the cause of the difference, and some have even ventured the assertion that they could tell from the laryngoscopic image whether a person has a bass or a tenor, a contralto or a soprano voice. This latter statement has never been satisfactorily demonstrated, and, having seen so many larynges which were large enough to belong to bass singers when in reality they were pure tenors, and *vice versa*, I have now determined never to venture an assertion which cannot be practically proved; hence, when asked the question, I do not hesitate to say—I do not know!

Some of the theories advanced are that, where the tenor larynx is quite large, the trachea is either shorter or smaller, or both, than in a bass singer, and the reverse holds good with reference to a small bass larynx. Perhaps this has some merit, but I believe the lung capacity, the size of the larynx and its muscular development, together with the width, and especially the thickness, of the vocal bands, have more to do with this difference of voice than has the foregoing.

There is some reason for the difference in pitch between the male and the female voice, for the larynx of the former is much larger than that of the latter. The size and length of the entire vocal apparatus is greater in man than in woman, but this difference in size is by no means commensurate with the great difference in the voices of the two sexes; nor are we, as yet, able to tell the cause of this disproportion. Since, therefore, even slight variations in the larynx produce such marked alterations in the voice, it will readily be seen that any diseased change, however slight, must influence unfavorably the vocal function.

Let us investigate, superficially, some of these changes.

If from a slight catarrh, from over-use or improper use of the voice, a slight congestion of the larynx results, we have a thickening and slight stiffness in the vocal bands, or in the mucous covering of the vocal organ; consequently, a change is noticed in the sounds produced; this alteration becomes the more marked the greater the deviation from the normal, until the vocal tones are entirely suppressed—aphonia.

This condition is easily detected, when viewing the larynx, by means of the laryngoscope. The normal vocal bands are

a pure white, except in very rare cases when they have a yellowish tinge, but, as soon as they become congested, these ligaments assume a pinkish tint, and, as the conditions grow worse, the bands become even a bright red, while the surrounding mucous membrane appears red and swelled. The bands, again, often appear bowed, the muscles not being sufficiently strong to overcome the serous infiltration of their fibres.

In conditions which give rise to ulceration, the vocal bands may be, in great part, destroyed, thus causing impairment in function, perhaps amounting to aphonia. When these ligaments are destroyed to any great extent, the false vocal cords, which are situated above the true vocal cords, and are composed chiefly of mucous membrane, with some muscular fibres and connective tissue, sometimes develop sufficiently to enable the person to speak moderately distinctly, but never in a clear voice.

The false vocal bands—or, more properly, ventricular bands—are never brought in contact during normal vocalization, though they most likely have to do with this function.

Again, with ulceration of the larynx we may not have the vocal ligaments directly involved, but the surrounding tissues may be so much destroyed as to cut off their proper muscular or nervous supply, and the vocal function be thus affected.

Dropsy of the larynx is a not very infrequent condition, it usually being a symptom of some deep-seated malady. With this œdema we often have the parts so altered in shape, and the glottis so encroached upon, that the vocal bands cannot move freely towards each other, and, as a result, aphonia is frequently present; further, this encroachment upon the lumen of the larynx may become so severe as to interfere with the breathing, and in some instances cause such a marked degree of dyspnoea as to result in the death of the patient, unless the threatening condition be speedily relieved by surgical interference.

Abscess of the larynx may be briefly mentioned as producing symptoms closely allied to those found in œdema of this organ. Both conditions are plainly seen in the laryngoscope as roundish, smooth swellings of various parts of the vocal organ. Dropsy presents a whitish, translucent appearance, and the abscess a reddish or slightly yellowish surface. Both affections require prompt treatment.

In throat consumption, besides ulceration and œdema, we frequently find a tuberculous deposit situated in the posterior portion of the voice-box, between the arytenoid cartilages;

this deposit often projects forward between the vocal bands for a short distance, and, by preventing the closure of the posterior portion of the glottis, affects the voice. The glottis, it must not be forgotten, is the space between the true vocal cords.

Tumors within the larynx present great varieties in appearance, both as regards size, shape, color, form, and position. They are easily distinguished with the laryngoscope as projections or prominences, situated usually on one side of the larynx, thus presenting an unsymmetrical picture. Their color varies from nearly white to a bright red. They are very frequently attached to one vocal ligament, thus interfering with its free oscillation and vibration. These tumors appear singly or in groups; they may not embarrass respiration, or they may be so large as to cause great obstruction to the entrance or exit of air, even so great as to suffocate the patient. In cancerous formations, the malignant nature of the new growth frequently terminates the life of the patient.

Foreign bodies introduced into the larynx, from without, present symptoms similar to tumors of the non-malignant type. In addition, the introduction of the foreign substance is at once followed by spasm of the larynx, which may be relieved after a slight cough, or be so severe as to threaten asphyxia. The body may be so large as to block the glottis completely, thus ending the life of the patient, unless its removal can be effected by a cough, by passing a finger into the larynx and dislodging it, or by inverting the patient quickly. If a surgeon be at hand, he may remove the substance with a pair of curved forceps, or be called upon to open the wind-pipe,—tracheotomy.

Membranous laryngitis—or *croup*, as it is called—presents in the laryngoscope the appearance of a whitish coating or membrane on some portion of the larynx. Its position is usually on or about the bands, and thus more or less effectually obstructing the air-passage. The prominent local symptoms are croupy, almost obliterated cough, absence of voice, and difficult respiration. This latter condition generally ends in death unless tracheotomy be performed for its relief. True croup has a constant loss of voice, with almost total inability to produce a loud cough, together with fever. This condition must be carefully distinguished from *false* or *spasmodic croup*, which presents no false membrane in the larynx, though there is usually some congestion, or even inflammation. Its suffocative attacks, hoarseness, and croupy cough are but of short

duration, with occasional recurrences, but in the intervals of the attacks the child appears quite well, and there is no fever.

Paralysis of one or more of the laryngeal muscles gives rise, usually, to great impairment of the voice. One muscle alone being affected causes often only a slight hoarseness, but, as a general thing, more than one is affected, with aphonia as a result. Often the muscles of one side of the larynx are all paralyzed, in which condition the laryngoscope will show us at once that the vocal band on that side is stationary, while the opposite one may move freely. Again, both sides of this organ may be involved, giving us no motion during inspiration, expiration, or on attempted phonation.

When the muscle which serves to open the glottis is paralyzed, we have the vocal bands nearly in the position for voice production, hence the voice will be normal; but the bands being quite close together, as revealed by the throat mirror, the patient is unable to inhale easily, and we have loud inspiration but quiet expiration, for you remember I told you that the outgoing air was sufficient to force the bands apart with but slight assistance from the muscles. In this form of paralysis it is generally necessary to perform tracheotomy.

Again, we have a *functional or hysterical paralysis*, in which the bands are widely separated, with no perceptible closure of the glottis when the patient attempts to speak. With this condition the patient cannot produce a loud tone, but she is able to cough or laugh as usual, which is not the case with a paralysis due to an organic change of structure. The hysterical aphonia is usually speedily cured, but the organic is rarely overcome.

In the uncomplicated cases of paralysis of the laryngeal muscles, the larynx looks as in health, the motion and position of the vocal bands being alone affected.

By diagnosing a paralysis of the laryngeal muscles, we can often say that either there has been some injury to a certain nerve, usually the recurrent laryngeal, on the side paralyzed; that there is a tumor pressing upon the pneumogastric or the recurrent nerve somewhere in its course; that there is an aneurism of the arch of the aorta if the left side of the larynx be paralyzed; that there is a tuberculous deposit in the apex of the right lung if the right recurrent nerve be the one involved; or, if there is also paralysis of other portions of the body, that there is either a tumor or a hæmorrhage within the skull, at a point near the origin of the pneumogastric nerve.

Thus, by the aid of the laryngoscope, we may be enabled

to discover diseases of structures far removed from the larynx, and clear up a diagnosis which it is impossible to make by other means. Frequently an aneurism of the arch of the aorta has been diagnosed by the laryngoscope before it could be detected by an examination of the chest. Again, the laryngoscope has served to clear up cases of lung involvement before the chest has presented the slightest indication of any change from the normal condition.

Bright's disease of the kidneys has been suspected from the laryngoscopic picture, the condition being subsequently diagnosed by other methods.

Further, by the aid of the laryngoscope, we are often enabled to tell patients whether they are using their voices according to an imperfect method, and direct them how to improve their condition. In case any serious trouble is impending, we can often anticipate it and save the patient, perhaps, much mental and physical suffering, perhaps even his life. We are thereby directed to the proper treatment of the case.

If a tumor or foreign substance be lodged in the vocal organ, by the aid of the throat mirror it can usually be removed, and any surgical operation, which is deemed advisable, may be performed by means of a reflection of the laryngeal cavity in this little mirror held in the back of the mouth.

Thus it will be seen that a study of the larynx by means of the laryngoscope is an essential branch of a medical man's knowledge, you can thus see its relation to medicine in general, and you can now understand why I said at the beginning that "no branch of this noble calling [of medicine] deserves more the name of a science" than does laryngology.

I have, it is true, presented for your consideration but a few points which strictly belong to the subject of laryngology, and it is equally true that these topics have been presented in a very superficial light.

This hasty glance at our subject was necessary on account of the short time which was allotted us. It is not possible to do, poorly even, in one hour that which, to do well, would require thirty. I hope, however, that this little insight at the commencement of your medical studies may stimulate you to repeated investigation during your collegiate course. By that time I trust you will have gained so much knowledge of this, to me most interesting subject, that you will see the great importance of a deeper study of its truths; then, as young medical men, you will delve deep into the hidden, bring to light new truths, and thus add to the stock of the existing knowledge of laryngology.

THE MATERIA MEDICA OF THE FUTURE.

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

(Read before the British Homœopathic Congress, held in London, September 18th, 1884. Reprinted from the *Monthly Homœopathic Review*.)

THERE are probably none here present who are unacquainted with the discussions which have been going on during the last few years on the subject of the *Materia Medica* of Homœopathy. It is, indeed, no new thing to hear much of its substance impeached as untrustworthy, and its whole form stigmatized as unintelligible. The complaints which Watzke and his fellows raised, ere yet Hahnemann fell asleep, have been echoed since by Cl. Müller, Langheinz, Roth, Trinks, Arnold, and Duke, until at length the earnest insistence of the last-named physician in America, and the strong words of Dr. Yeldham here, have spurred their respective countries to action in the matter. The British Homœopathic Society has been at work on revision, tentatively, since 1882; and in the present year the coeval, but far more numerous representative body of the United States, the American Institute of Homœopathy, has joined it in its task. The work is actually in hand, and will soon put forth a first instalment in print.

It seems well, then, that at the present Congress an endeavor should be made to set forth the views which have elicited this undertaking, and the principles, methods, and rules which are to regulate it, that all may be informed regarding its nature, and that, by the criticism of those who may discuss the paper read, the workers may be aided in their task.

I. The considerations which have prompted a revision of our *Materia Medica* have been so fully and frequently set forth of late, that it is needless here to restate them. The publication of Allen's *Encyclopædia* has brought to an acute crisis the dissatisfaction which had long smouldered over Jahr's *Manual*. It is a vast improvement over that which it was designed to supersede, but it is built on the same lines and of like material. That all the knowledge and industry of its editor,—and he has spared no pains to make the work complete and accurate,—that not even, I say, the high qualifications which Dr. Allen has brought to his task, and the devotion with which he has executed it, have commended the result to the homœopathic profession at large, proves that such a *Materia Medica* is no longer acceptable. The requirements of the present day demand, besides compilation, *sifting*; they no longer tolerate a presentation which, however convenient for practice, is in itself unintelligible. The consequence is—let

us say it plainly—that by nine-tenths of our practitioners the *Materia Medica* of homœopathy as Hahnemann conceived it,—the full record of the effects of drugs on the healthy,—is never studied at all. In place of it, there are used the various works which have been written as introductions to it, or epitomes of its contents—books excellent enough in their way, but most insufficient as substitutes for the only sound basis of the homœopathic method, the *Materia Medica* itself.

It is to remedy this deplorable state of things that the present work has been set on foot. It finds our pathogeneses of drugs of voluminous bulk; full of matter from dubious sources; replete with the errors incident to translation, re-translation, and copying; and distorted by being broken up and re-formed into a schema. It aims at condensation, at elimination, at correction from originals, at reconstruction in primary form. Let us see how it is proposed that these ends are to be attained.

II. 1. The *Materia Medica* of homœopathy falls naturally into two great divisions. There are, first, the collections of pathogenesis which Hahnemann himself brought together, to provide material for the working of his method; they constitute his *Materia Medica Pura* and *Chronic Diseases*. There is much, very much, to be said in honor of these works; there is also much to be said in regret, if not in blame. Such as they are, however, they belong to our *Materia Medica*; and we think our best way of dealing with them is to present them as their author left them to us, with such editing only as is appropriate and customary. This has already been done for the *Materia Medica Pura* in England, and will (I believe) be done very shortly in America for the *Chronic Diseases*. The symptoms of Hahnemann and his fellow provers, presented as he has chosen to present them, will stand on record in these volumes. We have no means of verifying, correcting, illuminating them, or of re-forming their order. In the "*Cyclopædia of Drug Pathogenesis*," to be issued, these pathogeneses will be referred to, but not reproduced.

2. Our work, then, will deal with the second division of the homœopathic *Materia Medica*, comprising the proving work which has been done since Hahnemann's time, beyond the range of his personal action, or outside altogether of his school. It will also include, as we shall see, records of poisoning and over-dosing, and, to some extent, of experiments on animals. The manner in which we propose to treat such material has been formulated in certain rules, drawn up (in conference with

myself, as delegate of the British Homœopathic Society) by the Materia Medica Bureau of the American Institute of Homœopathy, and accepted by that body, and by its sister society here. I will read and briefly comment upon them on the present occasion.

a. The first and second rules are: "Give the scientific names and synonyms of each article," and "give the natural order of each." These need no exposition. Our headings are to be sufficient to identify precisely the substance whose effects we are to record, and to indicate its natural relations. We do not, you will observe, propose to enter into its pharmacy. In our account of each proving we shall state the form in which the drug was employed, and anything more than this would be irrelevant to a cyclopædia of pathogenesisy.

b. The third rule is: "Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows." This prescribes the form of our Materia Medica, and is of the utmost importance. Hahnemann, as you know, kept in manuscript the daily records made by himself and his fellow provers, publishing them to the world in the form of a schema, in which the individual symptoms elicited by the drugs were distributed according to their anatomical seat. Many provers of his school have imitated him in so doing. Others—like the Austrians—have recorded their experiences in detail; but when these have been brought together for the use of the student and practitioner it has hitherto been thought necessary to cast them also into schema form. In this respect we propose to make an entirely new departure. Whenever we have provings in narrative we shall so give them; and even when they exist only in a schema, we shall endeavor—by isolating the symptoms of each prover, and arranging them in accordance with the time-indications generally given—to restore them to something like individuality and sequence.

It should scarcely be necessary to vindicate such procedure. Who, if he had to learn disease from books, would be content to have the symptoms of a given malady presented to him in the Hahnemannian schema? We have so to learn drug-disease; and as he would crave for clinical cases illustrating the evolution of each disorder in its various forms, so is our need here. In the series of narratives to be given under each drug we shall have as many varieties of its specific sick-making power, from which we can learn its general action, its kind and character, and which we can fit, as likes to likes, to the cases of disease which come before us.

The only objection to such presentation of our provings would be the voluminousness of the result, as illustrated in the 104 pages of the *Annals* of the society required for the pathogeneses of ten of the acids, and the 16 pages of the *British Journal* occupied by that of *Aconitinum*. But here comes in our rule of condensation, not contemplated when the above-mentioned were compiled, but since illustrated in the instances of *Carbolic acid** and of *Sulphur*.† By this potent solvent it is calculated that on an average a reduction to one-third of the bulk can be effected, and this without any sacrifice of the *minutiae* of pathogenesis so justly prized in homœopathy. By its use, moreover, we shall be enabled to present our finer and purer material in just proportion; the former we can give in all reasonable fulness, while the latter will bear a considerable degree of epitomizing.

But while there are few who will not welcome the detailed provings, there are some who ask, "Why not give a schema in addition?" The answer is, first, that to do so would double the bulk of the work, and, by greatly increasing the labor of the workers, would treble the time taken in its accomplishment. But, secondly, I would reply that the schema is quite unnecessary for the purpose thought to be subserved by it, viz., to enable the practitioner readily to find any symptom of which he is in search. This he can always do by means of an index. You have had to make such indices, in the shape of repertories, for your schemas themselves; the latter are alike insufficient without them, and inadequate as substitutes for the original narratives. They thus fulfil no useful purpose, and may be banished to that limbo from which I regret they ever arose. Hahnemann designed the schema to obviate the necessity of an index, which in the *Fragmenta de viribus* he had given, but from which, in the more extensive *Reine Arzneimittellehre*, he naturally shrank. This, indeed, he escaped; but, in so doing, he ruined his text, and irreparably prejudiced the reception of his work by the profession at large. We shall take the warning and give the text on its own merits. Then, when by existing repertories, or by the index we shall ourselves ultimately compile, a drug is credited with any symptom, on turning to its pathogenesis you will find that symptom in its natural place and surroundings, will learn how it was elicited, and in what connection it arose. In this way symptomatic prescribing will be just as easy, and far more rational, satisfying, and successful.

* *Monthly Hom. Review*, for April, 1883.† *Annals*, for August, 1883.

c. The next rule is: "Give, in prescribing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before." That we should give toxical effects is unquestionable, but how to do so admits of difference of opinion. In the volume just issued by the Hahnemannian Publishing Society, Drs. Dudgeon and Hayward have included in their articles all the cases of poisoning by *Aconite* and of rattlesnake-bites which they could find on record. This is very well for exhaustive monographs, where space is unlimited, but a work like ours would be swamped by such a proceeding. Nor is it necessary. Poisoning elicits the general rather than the finer actions of a drug, and the latter are fully portrayed in the provings. A few typical cases are therefore sufficient to illustrate the recognized forms of poisoning by each substance, as described in treatises on toxicology; and to these may be added any exceptional but genuine phenomena, such as the acute rheumatism once induced by a toxical dose of *Colchicum*. In this way, Dr. Dudgeon's 75 aconite-poisonings will, in our work, be reduced to 11.

d. The next rule of which I must speak is the seventh. It directs that, in addition to provings and poisonings, we should "give the results of experiments on the lower animals, where of value, generally in abstract." I know the objections which writers of our school have made, from Hahnemann downwards, to pathogenesis derived from this source. I recognize their justice when directed against exclusive or even predominant reliance upon such experimentation, but I cannot doubt the positive value of it. It gives opportunity alike for pushing and for analyzing drug-action which nothing else affords. Take *Bryonia*, for instance; how valuable is the information derived from the animals poisoned with it in the Austrian provings as to its power of inflaming the serous membranes! How, again, could we do without the addition to our knowledge of *phosphoric* influence supplied by Wegner's experiments on rabbits? With the proviso, "where of value," and the limitation, "generally in abstract," I think that nothing will be lost and much gained by following this rule.

e. I go back to Rule 6: "Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom." This is a very important instruction. No one who has not analyzed a number of pathogeneses, as now existing in Jahr or Allen, can have any idea of the number of errors there are to correct—errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand

material. An idea of this may be gained by looking through my "Commentary on Allen's Encyclopædia," in the *British Journal of Homœopathy*, which I carried on as far as Ambra, but then gave up in the conviction that criticism was insufficient, and that the work must be done over again. The fact is, that all our bookmakers have been copying one from another, and accumulating faults as they have gone on, so that our symptom-lists are made of shoddy instead of cloth. In the revised *Materia Medica* we shall, whenever possible (and it is rarely otherwise), go back to the originals, so that, in substance as well as in form, its pathogeneses shall be fresh from nature's mint.

f. I now come to the rules of sift, embracing the 5th, 8th, 9th and 10th.

The first says: "Include, as a rule, no drug that has not shown pathogenetic power in two or more persons." While a certain discretion is allowed here, to prevent the rejection of obviously valuable matter, a security is given in the direction of trustworthiness which most will welcome. It proceeds upon the ancient canon that "at the mouth of two or three witnesses every truth shall be established." It reduces to a minimum the peril of mistaking coincidences for drug-effects, and so loading the *Materia Medica* with inert and useless constituents.

The second is: "Include in the narratives, as a rule, no symptoms reported as occurring from a drug administered to the sick." Here, too, we have allowance made for exceptions. There are observations made on patients, such as those of Grandi, Michéa, and Lussana, with *Atropia* in epileptics, which are of indubitable value. But, as a rule, Hahnemann's caution holds good, "how, even in diseases, amid the symptoms of the original malady the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." The examination of his pathogeneses has revealed how sadly, even in his hands, this mode of obtaining symptoms has been abused; and still more disastrous has it been when adopted by followers less discriminative than himself. Our wisdom will be to reject from the *Materia Medica* supposed drug effects thus derived. They belong rather to clinical guides and therapeutic hints, where their dubious worth need not prevent their tentative employment in practice.

Next we have: "Include no symptoms reported as occurring in the persons of provers under the influence of other

drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration." This instruction *va sans dire*.

Last, we come to the difficult question of the employment of provings with infinitesimal doses. The rule respecting it stands thus: "Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below." This was the only point on which any difference of opinion was expressed at the meeting of the Institute; but though one or two members advocated the omission of the rule, they could gain little support for their amendment. In truth, some limitation must be made; this sort of thing, as Hahnemann said for the high-potentisers of his day, cannot go on *ad infinitum*. He proposed the 30th as the limit for the sick. We choose the 6th for the healthy, which, having regard to the difference of susceptibility in the two states, seems fairly correspondent. So reasonable is it, that although two out of the seven members of the Materia Medica Bureau were avowed partisans of high dilutions, the rule received their assent. It must be regarded simply as a working compromise. It involves no judgment as to the activity of attenuations above the 6th; it does not even exclude effects referred to them if in accord with those obtained from more appreciable quantities; it simply leaves out, as lacking sufficient evidence, symptoms occurring solely under their supposed influence. It is possible that some few genuine drug-effects may thus be omitted; but this chance is more than outweighed by the certainty of the greater acceptableness of pathogeneses so limited. I feel sure that if the rule were put to the vote in this Congress it would be carried by the same overwhelming majority as that which supported it at Deer Park last June.

Such, gentlemen, is the Revised Materia Medica on which Dr. Dake and myself, aided by the advice of our Consultative Committee, and by the co-operation of more than one of our colleagues here and across the water, are at work. I ask your keenest criticism, to-day for the scheme, and hereafter for its accomplishment. But I also ask your help, in any way in which you can afford it. This work, if we can carry it out in accordance with our ideal, will be the Materia Medica of the future—the foundation on which all will build in studying and practicing and teaching the homœopathic method. It will rob its study of the irksomeness which deters inquirers and burdens our neophytes; it will give its practitioner a con-

fidence and precision which the precept symptomatologies fail to afford; it will supply the interpreter and applier of drug-action with data alike trustworthy and intelligible. While thus it will aid our own inner life as a school, in our external relations its substitution for what we now have of the kind will be of unspeakable advantage. Hitherto, our *Materia Medica*, which should have been our glory, has been our shame; we have had to hide it, to apologize for it, to offer substitutes which shall be more acceptable. In its new form, with its winnowed material, we shall no longer be thus ashamed of it, but shall point to its rich profusion as a treasure-house of aid for human ills. Because it promises thus, we seek the aid of all interested in it, that there may be nothing individual about it, but that it may stand on lasting record as the Homœopathic *Materia Medica*.

EXPERIENCE WITH HYDROCHLORATE OF COCAINE.

BY E. PARK LEWIS, M.D., BUFFALO, N. Y.

THE detailed experiments of Drs. Agnew, Moore, and Minor, published in the *Medical Record* of October 18th, and reprinted in the *HAHNEMANNIAN MONTHLY* for November, have demonstrated the remarkable anæsthetic properties of the alkaloid obtained from the leaves of the *Erythroxylon coca*. So little is yet known of the drug in its local effects, however, that probably many tests, under various conditions, must necessarily be carefully conducted before the limits of its range of usefulness can be fully determined. Concerning the drug itself, Dr. Knapp, in the *Medical Record* of October 25th, gives the following facts, which he has collated:

The shrub from which the alkaloid is secured grows wild and is "extensively cultivated in South America, especially in Peru and Bolivia. The leaves resemble those of Chinese tea, and their action is similar to that of tea and coffee. The alkaloid was first isolated from them in 1855, by Gardeke, who gave it the name of *Erythroxylene*; but Dr. A. Nieman, of Gaslar, Germany, was the first to thoroughly investigate the leaves in 1860. He gave the alkaloid the name *Cocaine*. Lassen, who followed in his footsteps, analyzed it and expressed its composition by the following formula: $C_{17}H_{21}NO_4$. It acts upon the lower animals much as does Theine. It tetanizes frogs, or in overwhelming doses paralyzes the sensory nerves and the posterior columns. Rabbits and dogs are killed by it through paralysis of the respiratory centres. In

proper doses it elevates arterial pressure by an action upon the vaso-motor centres and the cardiac-motor system.

"As a nerve stimulant Coca has been used immemorially by the Peruvian and Bolivian natives. Its sustaining powers have been strongly confirmed by various observers, both in this country and in Europe.

"Lassen found in the best quality of coca-leaf 0.04 per cent. of Cocaine; inferior material yielded only 0.016 per cent. It dissolves in 704 parts of water, but easily in alcohol, ether, and diluted acids. Its salts are soluble in alcohol, but not in ether. They have a bitter taste, and cause in the tongue a transient feeling of numbness at the place of contact."

In the same paper Dr. Knapp gives the result of a series of experiments upon the mucous membranes within reach of topical applications. The physiological experiments were made not only upon the eye but also upon the mouth, the nose, the larynx and trachea, the urethra, and the rectum. Upon all of these structures the drug seemed to exert equally its anæsthetizing effect.

He also corrected a squint, removed a pterygium, and a cataractous lens, and took cinders from the cornea in which they had been imbedded, without giving rise to pain. In each instance a four per cent. solution of the drug was employed, a weaker preparation not being sufficiently effective. In a case of polypi auris after the removal of an exostosis, the sensibility in scraping was greatly diminished in the superficial, less in the deeper, layers.

In some experiments made at the Buffalo City Eye, Ear, and Throat Dispensary, on the afternoon of October 8th, in addition to the usual results already noted, some facts were observed that may be of interest.

The following notes were taken by my assistant, Dr. Beals.

At 3.40 P.M. one drop of a four per cent. solution of Cocaine was dropped in the eye of a girl eight years old. She was suffering from a lachrymal abscess which had already broken externally, and the tissues were still somewhat swollen and sensitive to pressure.

The eye was normally sensitive. In four minutes the cornea had already become so fully anæsthetized that a probe or the curved side of a glass dropper could be pressed firmly against it; the child meanwhile holding the lids widely separated and making no resistance while the experiment was in progress.

No change was observed in any of the tissues, unless possibly a slight paleness of the palpebral conjunctiva, and this was

doubtful. At 3.46 a Bowman probe, No. 2, was inserted in the canaliculus and into the lachrymal sac, without causing any disagreeable sensation on the part of the child. At 3.50 the pupil rapidly dilated, after dropping more of the solution in the eye, and in two minutes more it had almost reached its maximum size.

The refraction was not tested. At 3.59 another drop was used and the canaliculus divided. The operation, however, caused almost the usual amount of pain, although the cornea remained quite insensible.

From this case it would appear that the intensity of the action of the drug is expended upon the cornea and the conjunctiva, wherever directly influenced by the drug. Here the puncture was partially occluded by the swollen membrane, and in consequence the sensitiveness of the deeper tissues was lessened only, and not abolished.

In another case, that of a man 35 years of age, in whom a large iridectomy had been made, preliminary to the removal of a transparent lens, for post-polar cataract, the same solution was employed. The corneal wound had fully healed, the operation having been performed several months before. The conditions were quite similar to those that have already been detailed. In 3 minutes the corneal sensitiveness had disappeared. In 18 minutes a Liebold speculum was introduced without occasioning the slightest annoyance. At the expiration of 35 minutes the corneal reaction began to reappear over the entire extent of the iris *up to the coloboma*; and the last part to fully regain the normal sensation *was that corresponding to the arc of excised iris*. Several drops of the four per cent. solution had been dropped in the eye, and the patient experienced a sensation of numbness in the orbital region, very much, as he expressed it, as though the "eye and eye-lids were asleep." The region about the eye was not tested with an æsthesiometer, but the patient, who was quite intelligent, was sure that the whole upper and left side of the face was much less sensitive than the right.

In applying a single drop to my own eye, October 9th, I found that, in addition to the usual anæsthesia, a normal myopia of 1.50 dioptries had acquired, in addition, an almost horizontal myopic astigmatism, requiring for its correction a minus cylinder equal .50 D. There was no pupillary change. This slight sectional ciliary spasm disappeared in 15 or 20 minutes.

In applying a drop in a case of plastic iritis (October 9th) with

great photophobia, it was observed that the dread of light was somewhat lessened. The cornea presented the usual insensibility. October 10th, in the presence of Drs. Wright, Curtis, and Beale, I attempted the removal of an eye that was exquisitely sensitive by reason of traumatic irido-cyclitis, with no other anæsthetic than Cocaine, but notwithstanding its frequent instillation, the eye could not be made to bear the pressure of the speculum, and recourse was had to Ether.

Notwithstanding the fact that will be probably more fully established, that the drug is insufficient for protracted or very painful operations about the eyeball, or deep in the mucous tissues, that it will be of immense value in ophthalmological practice can scarce be doubted. In operations upon the cornea and iris it will probably be found that Cocaine muriate will replace general anæsthæsia, which is frequently as greatly dreaded as is the surgeon's knife, and also in the extraction of cataract, without the dangerous after-vomiting which so often imperils the most skilfully performed operation with Ether or Chloroform.

The laryngologists have already found it of great use in facilitating their examinations.

Dr. Polk, of New York, has already successfully performed trachelorrhaphy, in two instances, without other anæsthetic being employed than Cocaine locally. In both cases the operation was painless. The effect obtained upon the urethra in the physiological experiment of Dr. Knapp warrants the assumption that it may be of value in genito-urinary surgery.

Indeed, in operations involving any of the mucous tissues, when its action has become more fully understood, it will doubtless prove a most valuable adjunct to the surgical armamentarium.

EXPERIENCE WITH HYDROCHLORATE OF COCAINE.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE recent discovery of the local anæsthetic effect of the alkaloid of the coca leaves would seem about to mark one of the most important eras in the history of Ophthalmic Surgery.

Since the report, early in October, by Dr. Noyes, of New York, of the experiments brought before the Heidelberg Ophthalmological Congress, the drug has been used by a large number of observers, but more particularly in connection with operations upon the eye and its appendages.

Its marvellous power of annulling the sensibility of the cornea and mucous tissues associated with the eye seems, so far as present observation goes, to be unaccompanied by any even unpleasant complication or drawback.

In order that the actual value and sphere of action of this agent may be rapidly determined, it will be necessary for all who have made use of it to report their results with the least possible delay. To this end I offer to the society a brief report of the effect of the drug in my hands.

My first use of it was on the eye of my assistant, Dr. Jessup, only for the purpose of watching its action. One drop of a four per cent. solution was applied to the face of the eyeball, and repeated every three or four minutes. After the third drop, the doctor noticed a peculiar feeling of stiffness to the lids, and a marked diminution of sensibility of the eye. After the fourth drop, all sensibility was lost, so that a sharp probe was pressed against the cornea, and the conjunctiva roughly grasped by fixation forceps, without causing any disagreeable sensation.

At the end of fifteen minutes the pupil was widely dilated. At this time it was found that Jæger No. 1 could not be read inside of $5\frac{1}{2}$ inches with this eye, while, with the other, No. 1 print could be easily read at 4 inches.

Upon looking steadily with both eyes at an object a few feet off, there seemed to be an indistinct second image to the left, but in close contact. Dot- and line-test with vertical displacement by prisms proved negative.

Sensibility returned to the eye in about twenty minutes after discontinuance. Pupillary dilatation lasted for about seven hours. There was no apparent after-effect. The application of the agent was unaccompanied by any increase in conjunctival redness. In fact, the ball looked rather paler during its action.

The use of the Cocaine upon my own eye, the same day, developed much the same train of symptoms, although the pupillary dilatation lasted for fully twelve hours.

CASE I.—A good-sized piece of emery deeply imbedded in the cornea was without pain dug out with a keratome, after three applications of the four per cent. solution. Eye, before use of Cocaine, was extremely sensitive and painful.

CASE II.—Eye very sensitive from cinder in cornea. Patient could not bear contact of instrument on conjunctiva without flinching. Two drops of Cocaine were applied, one minute apart, and, two minutes later, the cinder was scraped off, without patient's knowledge.

CASE III.—After soaking conjunctiva and inner canthus for twelve minutes in a four per cent. solution, the upper canaliculus was slit without causing pain, and a No. 5 probe passed into nose.

CASE IV.—On November 9th, two weeks subsequent to a preliminary iridectomy, I extracted a cataractous lens by a low corneal flap, and entirely without pain, after four instillations, three to four minutes apart. On account of the sensitiveness of the eye to touch, the iridectomy had been done under Ether. To-day (November 13th) the eye looks well, and promises a good result. The patient is eighty-six years of age.

CASE V.—On November 10th I extracted a cataract, in the case of an old gentleman, where the iridectomy, three weeks before, had proved very painful. The same preparation was used, and in the same way; no pain was complained of, and the healing is apparently progressing kindly. The conjunctiva this evening showed no injection, except about the line of the wound.

CASES VI. to IX.—On the 10th and 11th instants, I did, under the usual application of the Cocaine, two Bowman and three Stilling operations, all of which were painless throughout, except during the passage of the knife into the nose in one case, where, from old blenorrhœa of the sacs, there seemed to be difficulty in bringing the fluid in contact with the mucous membrane of the nasal duct.

CASE X.—In the case of an extremely nervous man I, this morning, performed an iridectomy, after four instillations, three minutes apart. At the second instillation the cornea was insensitive to contact with the finger. As the iris was drawn out with the forceps, he complained of some pain, which, as he said, went through to the back of his head, but was not sufficient to cause remark, had I not asked concerning it.

CASE XI.—In incising and scraping a tarsal cyst, this afternoon, I found that the section of the conjunctiva overlying it was quite painless, but so soon as the cartilage was incised, the pain was much the same as when done in the ordinary way, as was also the scraping of the interior of the cyst.

DISCUSSION.

Reported by H. F. Ivins, M.D., Secretary.

DR. BARTLETT, according to the appointment of the President, opened the discussion. He remarked that his experience with Cocaine was limited to thirteen experiments, in only one

of which was the drug applied to the eye. These he enumerated as follows:

Exp. 1. Two drops of a two per cent. solution were instilled in the eye every five minutes for a quarter of an hour. At the end of twenty minutes from the first application, the cornea was anæsthetized and could be touched with a probe without causing the patient any discomfort. The other eye remained sensitive.

Exp. 2. Two minims of a two per cent. solution were injected with the hypodermic syringe, beneath the skin of the forearm. Local anæsthesia over a circle having a diameter of three-quarters of an inch was immediate. A fold of the skin was raised and incised with a bistoury without producing pain.

Exp. 3. Five minims of a two per cent. solution were employed in a similar manner. The anæsthesia covered a larger area and was of longer duration than in the preceding case.

Exp. 4. Ten minims of a two per cent. were injected hypodermically. The needle was inserted beneath the skin until its whole length was covered by the tissues. The contents were discharged as the instrument was withdrawn. The resulting anæsthesia covered an area two inches in length by one in breadth.

Exp. 5. Fifteen minims were injected hypodermically. Anæsthesia was complete over the point of puncture. Its area and duration were not tested.

Hearing that Dr. John E. James had injected fifteen minims of the drug into his own arm without producing any effect, Dr. Bartlett again began experimenting.

Exp. 6. Five minims of a two per cent. solution were introduced beneath the skin of the anterior surface of his thigh. Local anæsthesia followed.

In order to eliminate all sources of error, he then determined to try the effects of hypodermic injections of pure water (Schuylkill water was used).

Exp. 7. Thirty minims of water were injected beneath the skin of the arm. The skin over the liquid was blanched and raised. It could be punctured by the exploring needle without causing any sensation. The anæsthesia was over but a limited area. It lasted nearly an hour.

This result was somewhat unexpected. For a long time it has been known that hypodermic injections of cold water would relieve some cases of local pain. This result has been attributed by Dr. H. C. Wood to the imagination of the pa-

tient. Dr. Althaus, in his recent work on *Sclerosis of the Spinal Cord*, advances another explanation. When the axis-cylinders of the ultimate nerve-fibres are brought into contact with water, they absorb the latter and swell. Their power is thus temporarily lost, and analgesia follows. The forcible separation of the skin from the subcutaneous structures by the liquid injected might also explain the phenomenon observed in the last experiment. Doubt is thrown on this explanation by the return of sensation in one hour. Stretching of the tissues and the local anemia induced by the pressure of the liquid are hypotheses which may also be advanced. To settle this point, in

Exp. 8, thirty minims of water were injected deeply into the thigh, the needle being directed perpendicularly to the surface. More pain in discharging the liquid was experienced than in any of the other experiments. The result was negative.

It was plain that in experimenting with larger doses of the drug, a more concentrated solution must be used in order to get rid of the mechanical effects of water. An eight per cent. solution was obtained.

Exp. 9. Five minims of this, equal to two-fifths of a grain of the drug, were injected into the arm. The needle was directed perpendicularly to the surface, and introduced sufficiently deep to feel its point grate on the tendinous structures beneath. The fluid was then discharged. Local anæsthesia followed. The exploring needle could be plunged nearly half an inch into the tissues without causing sensation.

At the time that he instituted these experiments respecting the hypodermic use of Cocaine, Dr. Bartlett supposed that he was following a new track. To-day, however, he had learned in studying the subject, that Von Anrep, in 1880, had showed that the sensibility of the skin was abolished when the drug was hypodermically injected. The same physician also observed dilatation of the pupil to follow the application of the drug to the conjunctiva, but failed to note any anæsthesia. No symptoms were noticed in any of the experiments. The *Encyclopædia Britannica* speaks of the drug as frightfully poisonous. Twenty-two grains have been taken by a human being without any alarming symptoms.

Exp. 10. A child, aged 11 years, had severe earache. She lay awake crying until 1 A.M. Then five drops of a two per cent. solution were instilled into the ear. Relief began in two minutes, and in five minutes she was asleep. She awoke again in twenty minutes and was as bad as ever. Bell. 1^r

was then prescribed. Fourteen hours later the membrana tympani ruptured, and a serous discharge escaped.

Exp. 11. Five minims of a two per cent. solution were placed in the hollow of the web between the forefinger and thumb, and allowed to remain for half an hour. Cutaneous sensation was not affected.

Exp. 12. Five minims of an eight per cent. solution were placed on absorbent cotton and applied to the thenar eminence. This was covered with oiled silk and bound firmly to the hand. At the end of three-quarters of an hour, it had produced no result.

DR. BUSHROD W. JAMES said that he had had some experience with this agent. In one case in which the canaliculus was almost closed, he had obtained almost complete anaesthesia in twenty minutes. A 4 per cent. solution was used. The patient did not feel the cutting, but the probe caused some pain in its passage. The second case gave the same result. In the next case a lady suffering from a tarsal cyst, fainted from the insertion of the hypodermic needle; after she had recovered, the operation was attempted but the sight of the instruments caused her to faint a second time. The doctor waited, however, until consciousness returned, when the operation was performed and caustic applied without producing any pain. Five minutes afterward she complained of smarting and burning in the wound. The anaesthesia was complete in a half hour. In the case of a lachrymal stricture the pain was not felt after fifteen minutes. A hordeolum was operated upon in a nervous patient, who screamed before the knife was applied, and while it was being opened, but the doctor thinks the incision was free from pain, nervousness being the cause of the outcry. In the case of a growth on the lower lid, the patient became very nervous before the operation, which was performed, however, without pain.

He referred to the dread which patients have of seeing the operation even though they know it will be free from suffering, and of the nervousness at the thought of the introduction of the hypodermic needle, especially in the region of the eye.

These patients, unfortunately, were all in the clinic room at the same time, and this, doubtless, had much to do with their nervousness.

He had more satisfactory results from an operation performed in his office. The case was that of a young lad with an old perforation of the membrana tympani. He first threw

into the meatus, against the membrane, a few drops of the 4 per cent. solution, some of which passed into the middle ear. Half an hour later, a number of applications having been made in the mean time every four minutes, the parts were insensible. The edges of the perforation were then denuded with the knife without causing pain.

He then spoke of the dangers which might arise from the general use of the cocaine hydrochlorate by the laity. In many cases he believed it would be used for subduing local pain, and in that way it might mask the symptoms and thus cause much annoyance to the physician in his diagnosis and treatment.

The experiments made by Dr. John E. James, and referred to by Dr. Bartlett, were performed with the same preparation which Dr. B. W. James had used in these various operations.

The cocaine was injected hypodermically but once at each experiment without any result; possibly anæsthesia would have occurred had the injections been repeated at intervals of a few minutes. He then tried a preparation obtained from a different druggist, but with no better results. The doctor thinks some temperaments may be affected by the drug, while upon others no effect will be produced. He has seen various accounts where hypodermic injections of cold water alone have given relief to pain, but he has never tried it, and thinks that reflex action may have something to do with this result, in calling the pain from one portion to another.

DR. W. H. BIGLER said his experience was similar to that of Dr. B. W. James, as he had found it very difficult to overcome the nervous symptoms. Although the sensibility was destroyed, ether was required in one of his cases. In another, though free from pain, the nervous condition of the patient interfered much with the operation. He referred to one of the cases of painless "Stilling" operations reported by Dr. Thomas in which two days later the passage of the probe caused pain, thus showing that normal sensibility existed in the case.

DR. J. C. MORGAN, in referring to the hypodermic injection of water, said he should never believe in its anæsthetic effect, unless the syringes used were perfectly new, as an old instrument would most likely retain some particles of the narcotic remedies previously used in it. So far he had noticed no such precautions in any cases reported.

DR. BARTLETT, in reply to Dr. Morgan, stated that the syringe which he had used was as clean as the instrument maker could get it, although not a new one.

DR. B. W. JAMES said he had noticed, in the case of operated membrana tympani after the use of the drug, a slight unsteadiness in the step of the patient, who also complained of some dizziness. He urged observers to note all effects and symptoms traceable to the drug.

DR. HORACE F. IVINS had seen the two extraction operations reported by Dr. Thomas, and could testify to the complete absence of pain. He had tried a 2 per cent. solution of the muriate of cocaine in three cases. The first one was a very nervous lady who had a polypus growing from each middle ear, and projecting far into the meatuses, reaching almost to their outer extremities. The one on the left side was easily removed by means of the ear forceps, but the pain occasioned caused her to faint. Five days later the cocaine was dropped into the right meatus every three minutes, for half an hour, when the polypus was removed with considerable difficulty, but the operation was painless. The second case was followed by equally good results. A gentleman had suffered for several days from a piece of emery imbedded in the centre of the right cornea. An attempt was made to remove it with a spud, but as much pain was occasioned, a drop of the solution was instilled; two minutes later a second, and one minute thereafter the emery was removed from its position with a needle, without any sensation. In the third case, a wen of the scalp was painted with the solution every two minutes for half an hour, but the pain produced was the same as when the lady had had others removed without the cocaine.

DR. I. G. SMEDLEY tried the drug on a urethral caruncle which he wished to remove. He first used drop doses of a 4 per cent. solution every four minutes, both on the growth and in the urethra, with no result; he then painted it frequently, with the same termination; he next soaked some cotton in the anæsthetic and applied that to the growth for some time. After working an hour with the cocaine, he found the caruncle as sensitive as when he began, although the mucous tissues immediately surrounding it were less so than at the outset.

He said a friend of his, a dentist, had applied it to a cavity which he was preparing to fill, with the results of greatly reducing the sensitiveness. This same gentleman applied the cocaine to the gum before extracting a tooth. It destroyed in great part the sensitiveness in the gum, which is usually quite marked when applying the forceps; but the pain occasioned by the extraction was not apparently lessened.

DR. C. MOHR thought the cocaine hydrochlorate, judging from the experiences related, might not be found to give relief when applied to a painful part; and inferred that its sphere of action might be found to lie only in the direction of rendering insensible parts not abnormally sensitive. He asked Dr. Bartlett if the insertion of the hypodermic needle caused any pain, as some persons were insensible to its introduction, and referred to a case in which he had seen a pin driven deeply into the tissues in various portions of the body without causing pain.

DR. BARTLETT said the introduction of the needle was attended with considerable pain.

Miscellaneous Contributions.

A YOUNG PHYSICIAN'S DEATH-LIST.

BY GEORGE B. PECK, M.D., Providence, R. I.

(Read before the Rhode Island Homœopathic Medical Society.)

IN September, 1883, an article appeared in the *HAHNEMANNIAN MONTHLY* bearing the above caption. The first opportunity has been improved to add concluding notes.

During the first five years of my practice, epilepsy, pneumonia, and cholera infantum were each accredited two victims, also membranous croup; but those cases have already been described. The epileptics were male and female, aged sixty-four years, and fifty-two years and eleven months, respectively. The latter, upon one occasion, narrowly escaped immortalizing herself at the expense of two of her daughters. The young ladies, as well as the mother, occupied rooms opening from the kitchen. One night, when the latter had been apparently asleep two hours, and the former had been in their room a full half hour, one, who chanced to be more wakeful than her sister, fancied she heard a rustling in the kitchen. Noiselessly rising, she peeped into the next room, and discovered her mother with a very formidable bread-knife, made for her special use by her then prospective son-in-law, emerging from the pantry. Passing her own door, the woman stealthily approached theirs. The daughter boldly stepped forth and demanded what she proposed doing with that knife. The mother stopped, hesitated, and made some confused reply. The weapon was asked for, and reluctantly surrendered, the appearance of the second daughter on the scene undoubtedly in-

ducing compliance. The woman was then marched off to bed, the pantry secured, and stricter surveillance maintained. I had previously warned the family of their danger, but my cautions were listened to as disdainfully as in the majority of such cases. People cannot be made to believe, save by some thrilling experience, that the epileptic can never be trusted, though he should have suffered from but one attack.

The victims of pneumonia were aged one year and one month, and seventy-four years. The former had been ill six days when I was called, and so continued five days more; the latter had suffered long from chronic Bright's disease. They who were said to have succumbed to cholera infantum were boys, aged eleven months and three and a half months. To the former I was called seven hours before death, and rendered his only professional attention. The other, I had relieved from a very severe attack when a trifle more than ten weeks old. On the afternoon of July 30, 1879, I was called to see him again. His condition was similar to that in which I found him about a month before, but not so precarious. I resorted to similar treatment, and after giving a guarded though favorable prognosis, informed the mother I would see him again in the morning. When I drove around early the next forenoon, I found crape on the door. Under the circumstance I made out my certificate as I have indicated; but six weeks later a woman called at my office and informed me that she had seen the fond mother feast that child on lager beer, paregoric, and a half dozen other equally nutritious preparations (which she specified) on the afternoon of my call and the ensuing evening. Had I known the fact in time, my statement as to the cause of death would have been somewhat different.

Of the thirty who died from diverse causes I will mention only the more interesting. Early in the summer of 1875 I was called to see an infant troubled with marasmus. He presented the perfect counterpart of *Calcareo carbonica*. I left some powders, which were administered with marked benefit. Soon, however, they began to accumulate, and the amelioration of symptoms ceased. Finally, becoming satisfied that the medicine was no longer administered, I informed the mother that there was no necessity of my calling again, as she had ceased giving my medicine. She protested she did give it regularly, and anxiously inquired if her child would get well. "Yes, if you give my medicine; no, if you do not," was the reply. Six weeks later, the father called on me to make out the death-certificate. I demurred, at first, but as no other physician had

been called, finally consented, with the understanding I should make it out as I pleased. "Certainly, all I want is to get the child buried without trouble." I promptly assigned as the primary cause of death criminal neglect of parents. Most of you have noted the pathognomonic indications of race and creed.

Died, at my home, October 7, 1876, a relative, Miss B., in the forty-ninth year of her age. A quarter century earlier, she had removed with her parents from North Scituate, R. I., to the valley of the Muskingum. There the old folks died, each attaining years far beyond fourscore. A brother, who was killed at thirty-four by the explosion of a steamer in California waters, just previous to the emigration of the family to Ohio, had suffered soon after attaining his majority from a cancer on some portion of his face. This was eaten out, the dyscrasia manifesting no sign of its presence during the subsequent decade.

In the year 1873, Miss B. discovered a hard lump in the left iliac fossa. She watched it for a time, to be sure of its existence and increase, and then came East for advice and treatment. She was examined by several physicians and surgeons, and finally by Dr. Burnham, of Lowell, upon whose decision she had determined to rest. He told her she had best not interfere with it at present, but return home, observe certain dietetic principles, and spare herself undue toil; if the tumor should at any time increase to such an extent as to cause serious trouble, she could return, and then he might remove it. He said to her travelling companion, if not to herself, that he thought she would live longest by permitting it to remain undisturbed.

In May or June of the Centennial year, Miss B. came East again for relief or death, preferring burial in New England above all other places. The tumor had so increased that it was evident to the most casual observer it must be removed at once if at all. She was examined by several city physicians, and by my loved and honored instructor, Professor Malcolm Macfarlan, of Philadelphia, twice, if memory serves me rightly. At the second visit he aspirated the abdomen, drawing off several quarts of serum, thus affording marked relief. While he did not refuse an operation if demanded, he advised that nothing be done. In that judgment all experienced physicians coincided. Debarred all hope by the profession, she consulted a quack, of whom it was reported that he had reduced many tumors by electricity (they softening first and then being grad-

ually absorbed). He informed her there could be no doubt concerning his power to reduce her tumor; the only question was her ability to absorb it. Thereupon she placed herself under his care. He visited the city twice a week, and had a roomful of patients awaiting him always. His electricity proved to be animal electricity, or animal magnetism, or anything else one may be pleased to call it. His treatment consisted in rubbing the tumor in a downward direction about twenty minutes at each sitting; he ordered a bath of beef-brine every other day, and perhaps gave some internal remedy, but on that point I am not quite certain. Miss B., who was a lady of high culture, remarked more than once that the whole proceeding seemed the quintessence of quackery, but if there was any virtue in it she was determined to find it. On several occasions the man told her he had softened the tumor down considerably, and cited the increasing softness and fluctuation as proof; but somehow my cousin couldn't discover she was growing any smaller. Finally, increased difficulty in respiration convinced her that she was growing rapidly worse. I endeavored to afford relief on the principle *similia similibus curantur*, but with less and less success, for the case was incurable, and the difficulty strictly mechanical. At length I resorted to Morphine—not as I should to-day—but with exceeding fear and trembling, being a very young doctor (it was early in my second year of practice), and being filled with trepidation lest somehow the story should transpire that I had killed a patient in my own home from an overdose of that drug. As her suffering increased, however, and she walked the room in an agony of suffocation, her lungs becoming more and more compressed (she refused aspiration, saying it would only prolong her suffering), I increased the dose and diminished the interval, perfectly understanding the unfavorable outlook of the case. Finally, just after having taken her medicine, she seated herself upon the lounge; in three minutes there was a gurgling in the throat, two or three gasps, and all was over. I do not wish to pass through such an experience again. I at once purchased a hypodermic syringe, with case containing a two-drachm vial of Magendie's solution, and it has been my constant companion ever since. It is used so seldom that I rarely find it in good working order, but it has smoothed the pathway to the grave of quite a number, including my own father. I know no higher law of treatment at such times than that laid down by the Great Physician: "As ye would that men should do to you, do ye also to them likewise."

But what did the autopsy reveal? A fibrocystic sarcoma, symmetrically ovoidal in shape, fitting nicely when placed on end in a common water-pail, so dense in structure the sharpest knives could scarcely penetrate, grating more harshly with its abundant calcareous deposits against the steel than many apparently healthy specimens of bone I have met, and (with but the slightest adhesions) attached to the left side of the uterus by a comparatively insignificant pedicle. Moreover, the entire abdominal cavity was lined with a heavy deposit of cancer cells, especially in the region of the diaphragm. Conclusions: First, that while the tumor *might* have been safely extirpated before, the patient would have stood a fair chance of dying sooner and with more protracted suffering from cancer. Second, that when an abdominal tumor attains such a size as to cause severe suffering, remove it if possible. Death under the knife is preferable to slow suffocation from compression. Third, that if the quack's treatment had any effect whatever, it was simply to increase suffering and hasten death.

On June 8, 1878, I was called by a homœopathic pharmacist, now an enterprising irregular practitioner, to see William Smithers, for whom he had been prescribing. Upon visiting him I diagnosed cystitis, complicated with abscess of the right kidney, and selected my remedies accordingly. He seemed to improve for a week or so, but unfavorable symptoms supervened and I called counsel. He confirmed my diagnosis and made some valuable suggestions as to the treatment. Still the disease progressed surely, though slowly, and at length it seemed necessary to wash out the bladder. (Remember, I never had any personal clinical instruction of any kind, and four years passed between my graduation and the opening of my office, during which years I had no more thought of practising medicine than I now have of becoming a professor of theology.) With this object in view I attempted catheterization and failed. Thereupon I started for the office of an allopathic surgeon of some repute, whom I had good reason to believe was a friend to myself and family. Meeting him on the street, I told him I wished him to come and wash out my patient's bladder. "What is the case?" he asked. I told him. "No! what are the symptoms?" I gave them. "Have you examined the urine microscopically?" "No." "He has stone in the bladder," was the reply. "I cannot agree with you," was my response. He fulfilled his appointment, but failed completely to enter the bladder. Nevertheless, he per-

sisted in his diagnosis. A second appointment was made for the fourth subsequent day, and the surgeon left the room. The wife and the mother-in-law met him in the lower entry and asked his opinion of the case. "Those young doctors up there don't understand the case at all. (The pharmacist attended regularly for the sake of information.) No medicine that they will give can reach his case." "Can you give any medicine that will reach his case?" "Yes!" When the wife came into the room I noticed her eyes were red with weeping. I ascribed it to the doctor's statement of her husband's grave condition. I did not learn of the treachery until weeks afterwards. On the next day but one the necessity for washing the bladder seemed imperative, and I again went for the surgeon. He came, accomplished my purpose in a tolerably satisfactory manner, and retired, leaving my patient in such a condition he barely escaped dying from exhaustion within an hour of his departure. This aroused the indignation of the ladies, which I tried to assuage with the assurance that the doctor considered he had left the patient in competent hands. (Looking back, I don't think my words could have been very consoling.) My patient quietly breathed his last a day or two subsequently. It should be mentioned that occasionally William Smithers had voided gravel in his urine, and that I admitted the possible presence of sand or very small calculi; also, that when the doctor made his second attempt the catheter grated sharply as it entered the bladder.

The autopsy was made by the surgeon in the presence of an allopathic confrere, the pharmacist and myself. Quite a heavy deposit of sand was found scattered over the base of the bladder, and in a little pouch, close by the orifice of the urethra, was a mulberry calculus, perhaps a trifle more than an eighth of an inch in diameter, and barely three-eighths of an inch in length. Small comfort for the doctor in that bladder, I soliloquized, but uttered not a word. Next he searched for the right kidney and brought that into view. One sweep of the scalpel was all that was required. But the merest shell remained, and that was completely filled with pus. What do you think now of my diagnosis? was my prompt inquiry. A lucky hit! was the reply. I boiled at the insult, for such it was, coming from that person, in the light of his past history (I will not particularize, lest his identity be betrayed), but restrained myself, being unwilling to disturb the generally amicable relations subsisting in this State between the two schools. When, subsequently, his treachery came to

my knowledge, I felt patience had ceased to be a virtue, and determined that if homœopaths had no rights allopaths are bound to respect, the reverse must be equally true: allopaths have no rights homœopaths are bound to respect. Accordingly I commenced investigating his record among the members of his society, and speedily found my experience was not entirely singular. His associates disclaimed the act as having any party significance; also cited cases to prove themselves as not exempt from unprofessional treatment at his hands. I accordingly dropped the matter, obtaining satisfaction from the knowledge that his pocket-book has been and is a severe sufferer from his conduct. If some of those who talk so energetically of a higher medical education, were a little more careful to apply the knowledge they already possess (or are supposed to possess) of their profession and its ethics, the fortunes of both physicians and patients would be inconceivably ameliorated.

On May 21st, 1879, died Miss K., aged 35 years, of acute nephritis. Of this case I have no record whatever, not even of the number or the dates of visits, and yet certain facts in relation to it are indelibly stamped on my mind. Her parents were poor, moderately aged, and to a questionable extent invalided. Despite the apparent decrepitude of the old man, it has been wickedly affirmed that "he can shout louder and jump higher than any one in that church," and the old woman's tongue can wag sufficiently fast to destroy the peace of a large neighborhood, not to mention a single house. In the same family was a brother aged nineteen, who brought home a blooming bride of seventeen, some five or six months before Miss K.'s last sickness, himself then receiving the enormous pay of \$7 a week, with work half the time; also a nephew, about ten years old, the son of an elder sister, who was living with her second husband. (The fact that the widow had a child was carefully concealed from this man until after the marriage, and then he promptly refused to have the youngster under his roof. He probably was rather angry at the discovery.) To support, so far as possible, the three especially dependent on her, Miss K. worked from seven in the morning until half-past six at night, five days in the week, being dismissed in the middle of the afternoon on Saturdays. Returning home she frequently found a considerable portion of the household cares devolving upon her, and when these were fulfilled she sewed or braided mats until eleven o'clock, that her parents should be as independent as possible.

Of course no mortal frame could long endure such a strain. For more than a year I had treated her at different times for various troubles, insignificant, perhaps, save as indications of an overtaxed system. At length she took to her bed for the last time. Until within three days of her death I had not the slightest idea of a fatal termination, but knowing full well her self-sacrificing disposition, compelled her to send for me whenever she required attention, agreeing to report at once at any hour of the day or night. This was coupled, however, with the remark that I would not give the same assurance for any other member of the family. Toughened though I was by varied relationships to the lower classes, I had become completely disgusted with the entire crowd by which she was surrounded. But, as her pastor most truthfully remarked at the funeral, she was a remarkable example of the power of personal piety to develop the intellect. Amid the most unfavorable conditions she found time carefully to study her Bible, and its teachings found permanent resting-places in her head and in her heart. She conversed with propriety and preëminent sensibility; she ever deported herself with a quiet dignity that commanded respect as promptly as if she had been attired in silks and satins. One night I was sent for at a little past eleven. I immediately repaired to her simple but neat attic chamber; she was suffering from some severe paroxysmal attack. The indicated remedy promptly relieved her, and as she became easier, the horde of bystanders left the room. When they had gone, she exclaimed: "I wish I was dead!" "Oh, no," was the reply, "you must not say so." "I do indeed!" she continued. The hour of midnight was just striking. After a moment's pause, feeling my own inadequacy to comfort, I bethought myself of and recited a bit of poetry of whose sentiment her life was the complete exemplification. Knowing that it will strike a responsive chord in the heart of every physician who is more than a tradesman, and hoping it may prove to some of equal comfort and inspiration to that afforded me in many an hour of disappointment and discouragement, I will recite it:

1. "Give! as the morning that flows out of heaven;
Give! as the waves when their channel is riven;
Give! as the free air and sunshine are given;
Lavishly, utterly, joyfully give:
Not the waste drops of thy cup overflowing,
Not the faint sparks of thy hearth ever glowing,
Not a pale bud from the June roses blowing;
Give! as He gave thee who gave thee to live.

2. "Pour out thy love, like the rush of a river,
Wasting its waters, forever and ever,
Through the burnt sands that reward not the giver;
Silent or songful, thou nearest the sea.
Scatter thy life, as the summer showers pouring!
What if no bird through the pearl-rain is soaring?
What if no blossom looks upward adoring?
Look to the life that was lavished for thee!
3. "So the wild wind strews its perfumed caresses,
Evil and thankless the desert it blesses,
Bitter the wave that its soft pinion presses,
Never it ceaseth to whisper and sing.
What if the hard heart give thorns for thy roses?
What if on rocks thy tired bosom reposes?
Sweetest is music with minor-keyed closes,
Fairest the vines that on ruin will cling.
4. "Almost the day of thy giving is over;
Ere from the grass dies the bee-haunted clover,
Thou wilt have vanished from friend and from lover;
What shall thy longing avail in the grave?
Give! as the heart gives, whose fetters are breaking,
Life, love, and hope, all thy dreams and thy waking,
Soon heaven's river thy soul-fever slaking,
Thou shalt know God, and the gift that He gave."

When I had finished, there was sufficient pause for Miss K. to learn that I had concluded, and I heard a simple "Thank you," but it was uttered with a pathos utterly indescribable. Another pause; a few simple directions concerning the medicines, and I left, feeling in those simple words thus spoken I had received ample payment for all my services. Three days later, she entered upon that rest that remaineth for the people of God. Such experiences have their own rich recompense.

On the evening of July 18th, 1879, I was called to see an infant in a house very convenient to and overlooking one of our largest cotton factories. The first glance told the whole story. Though but a month old, its general appearance, and especially its face, suggested a shrivelled and dilapidated monkey of forty years or more. Such a knowing look on so young a face I never saw before nor expect again to see. "Where is that child's father?" was my first interrogatory. "Don't know; he went off in search of work about two weeks ago." "Where is its mother?" "She is the mother," replied the old crone, who held the baby, nodding in the direction of a young woman just entering the room; "she has to work all day, so leaves it with me to look out for it." After inquiring very innocently of its symptoms, I continued: "What have

you given the child to eat?" "Oh, a spoonful!" "Is that all it has to eat in a day?" "Oh, no; we give it a number of spoonfuls." "What does it all amount to in a day?" "A cupful." "What, of milk?" "No; half milk, half water." Later, the old hag remarked: "I don't think much can be done for it; it has been growing weakly since birth, and we only sent for a doctor that we might not have any trouble in burying it." I left some medicine, as a matter of form, and departed without comment, for it was too late then to make any. As we passed out and shut the door behind us, one of the two students who accompanied me overheard the hag say: "Didn't we fool them doctors nice?" The child died on the 21st. On the certificate the father's name was put down by the mother as unknown. I filled in: Cause of death, primary, starvation. In such a case, of course, it is impossible to obtain evidence sufficient to convict any one, so the matter was dropped, save that a column was devoted to the scandal in the *Sunday Dispatch*, whose reporter interviewed me soon after, and from whose account I have prepared this paragraph.

Died, November 30th, 1879, Blanche H. P., a twin daughter, aged 4 years and 4 months, of scarlatina. Some ten days or more earlier, her sister was taken sick with the same disease. The mother was a recent widow, who had known prosperity, but now occupied simply a closet, bedroom, and kitchen, all of which were nicely furnished. She took care of the first invalid nicely for two nights and days, but as the third day drew towards its close, and Blanche manifested symptoms of indisposition, she sent for a friend, a professional nurse, to come and assist her in caring for the children. At the hour of retiring, the nurse said to Mrs. P.: "You come and sleep on the lounge, and I will lie down by the children." "No," said Mrs. P., "you lie on the lounge, and I will stay with the children; they cannot move without my knowing it." Poor woman! she did not realize that what was possible for two nights might be impossible on the third. The nurse occupied the lounge, but her mind was on the children. After a half-hour's nap, she was awakened by a rustling. She listened for a movement of the mother. She heard none, so she arose and entered the room. There was little Blanche lying without a particle of clothing on most of her body; the sheet and spread had been kicked off, and by the same movements her night-dress was thrown up to her armpits. Her body felt decidedly cold to the touch. This information I obtained two weeks

after the funeral. All I knew at the time was that, despite the utmost care, I could not select a remedy that would produce any particular effect; she gradually sank despite every effort. In nearly, if not quite, every case of scarlatina that I have attended, the presence of unpleasant sequelæ has been directly traceable to gross carelessness on the part of the nurse. If any disease requires careful attention, it is this.

Died, on May 27th, 1880, William Heaney, an Irishman, aged 35 years, of rheumatism of the brain. He was night watchman in a lumber-yard, but frequently worked, more or less, days in order to provide the better for his family. When first taken sick, there seemed to be nothing more than ordinary rheumatism of the extremities. Familiar remedies were employed, as indicated, with satisfactory results until May 25th. That day he expressed himself well satisfied with the improvement so far attained, but asked if I had not some medicine that would act quicker; his family were dependent on him, and he must hasten to work. He had been taking the last two or three days Bryonia 2^x. I told him I did not know, but would try one, and, accordingly, dropped a crystal or two of Iodide of potassium in two-thirds of a goblet of water, just enough to taste distinctly, and directed him to take two teaspoonfuls every two hours. Next morning, I called and found him perfectly delighted. He said the pain all left him about ten o'clock the preceding evening; he had risen and gone from his bedroom to the kitchen, and looked up and down the street, and if his head did not feel a little giddy, he would be ready to go to work. These words, with the flushed appearance of his face, filled me with apprehension. I took his temperature and found it more than 105°. I at once attempted to throw out the poison from the brain, but I accomplished nothing, though skilled counsel was called. He died before the next morning. I find it hard sometimes to resist the pressure to hasten, but hope soon to be able to let well enough alone.

IRITIS SEROSA DURING PREGNANCY.—Dr. F. C. Hotz reports the case of a lady who, in the fifth month of pregnancy, could just count fingers with the R. E. There was no pericorneal injection, but a small cloud of parenchymatous infiltration occupied the centre of the cornea, and the posterior surface was thickly covered with a fine dust-like sediment. The pupil was regular and rather large; no formed opacities in the vitreous; papilla very red and rather indistinct. The eye remained in this condition until the child was born, then it made a quick and spontaneous recovery. Two years previously the lady, while pregnant, had daily paroxysms of ciliary neuralgia in the R. E., which also ceased spontaneously after the child was born.—*Am. Journ. Ophthalmol.*, Sept. 15th, 1884.

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
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

SOME IMPEDIMENTS TO THE PROGRESS OF HOMŒOPATHY.

—It has often been urged, for the purpose of discrediting the scientific verity of homœopathy, that the system of Hahnemann, after having been before the world for almost a century, has not yet secured the support and indorsement of even one-half of the medical profession throughout the domain of civilization; and the reply usually is, that on such grounds Christianity and Judaism must also be condemned as impostures. Sufficient as this reply always is, so far as allopathists are concerned, it ought not to satisfy the members of our own school.

In seeking for the causes which delay the final acceptance of the homœopathic doctrine, we are too much disposed to indulge in crimination, one against another. One class of homœopathic physicians claims that those of another class do not practice as they profess to believe; that thus many needless failures occur in prescribing, the school is charged with inconsistency, and homœopathy and its practitioners are brought into disrepute. Another class urges against its fellow prac-

tioners that they resort to preparations which contain only the shadow and not the substance of the remedial agent; that they deal with symptoms without any regard to their pathological significance; that they thus fail to secure the totality of remedial indications, and are needlessly unsuccessful in either curing or relieving cases, and that, as a consequence, homœopathy is regarded as "a do-nothing system," and its doctrines are repudiated by the great mass of the profession.

It is exceedingly doubtful if either of these accusations will apply to the general practice of any considerable number of physicians; yet it is not unlikely that their mere presence in our books and journals does deter a few allopathic physicians from embracing homœopathy. Certainly this recrimination adds something to the dense misconception of homœopathy and homœopathic practitioners which prevails in the average allopathic mind. And yet, it does not seem possible for an allopathist, of even very ordinary acuteness, to hear these charges preferred, without at once observing that they do not touch the question of the truth of homœopathy at all, but only the practice of some of its professed adherents.

Among those who take a most active part in the discussion of these internecine differences, there seems to be an opinion that a change in the practice of the opposing party, whichever it may chance to be, would lead to higher success, and thus would compel a more general acceptance of homœopathy. In reply to this, it may be stated that, so far as published statistics go, both these parties are far more successful in their treatment of disease than are their allopathic brethren; showing that the relative success of the two schools of practice has very little to do with the general acceptance or non-acceptance of homœopathy. Indeed, it is probable that the more successful the new system may become, the more will it incur the hatred and opposition of old-system practitioners. Whatever we may accomplish, then, in the improvement of our *materia medica* and pharmacy, or in our knowledge of disease, must be for the benefit of our patrons, rather than for any salutary influence upon an antagonistic sect.

For the chief explanation of allopathic opposition to homœopathy we must look in a different direction. There are influences bearing upon the average allopath to keep him from homœopathy from the moment he sets out upon his preparatory career. The very outward appearance of the average allopathic college, as compared with the homœopathic, is a powerful attraction to the untaught feet of the student, and

many are the young men who, just here, are turned away from their chosen path by the mere glitter and glare of some university building, gilded, perhaps, with the wealth drawn from national, state, or municipal patronage. Just behind the college or university building is a vast municipal or state hospital, with splendid clinical appointments and facilities, supported, in part, by homœopathic taxpayers, but maintained, exclusively, for allopathic medical officials and the instruction of allopathic medical students. Beside the homœopathic institution, a modest structure, "with one hundred beds," rises to proclaim the utter folly of hoping to compete with its one-thousand-bed rival. In these days, when homœopathic colleges are crowding their "announcements" with wonderful and thrilling descriptions of their immense(?) clinical facilities, and *the importance of students seeking a college in which the highest clinical advantages are furnished*, is it any wonder that thoughtless students,—and some thoughtful ones, too,—should value the "facilities" in proportion to their volume, and decide accordingly?

If such a course of college and hospital study does not quite suffice to knock all the homœopathic sense out of a student,—if he still entertains some conception of therapeutic truth, as taught him by his preceptor, and successfully illustrated by his father's family physician, he has still another ordeal to pass. He proposes to get still more allopathic education out of those homœopathic taxes. He must have a year or two as *interne* in the big hospital. Here he must practice what he has been taught, whether he believes in it or not. It is safe to say, that when he emerges from this "school of practice," he can deride and vilify and falsify homœopathy with the best—or worst—of them, and can mimic the smart sayings of Professor This or That with a gusto, and, of course, without giving credit.

Nor does the effect of these vast public institutions end here. Their influence and prestige are felt everywhere in the profession, and follow the student to the close of his life. The same is true of governmental hospitals not used in medical education, of the Army, Navy, and Marine hospital medical service, of great medical libraries, etc. They exert a concentrating and restraining influence upon those who profit by their advantages, and doubtless prevent scores and hundreds of physicians from studying and embracing any "outside" system.

It is through the influence of these governmental and other public institutions, far more than through the increase of our relative success in practice, that we are to look for the firm

establishment of homœopathy, and the overthrow of medical phariseeism. To bring this influence over to our side will require, not spasmodic and puerile effort, but a steady, persistent, ever-intensifying determination, and the adoption of such methods and measures as we know cannot fail. There should be in every large city, and in every State, *societies*, not committees, acting both separately and in concert to secure the fullest recognition of the public rights of homœopaths, and the public should be informed, from the start, that there is to be no suspension of effort short of complete success. And while we are thus obtaining a stronger foothold in our governmental institutions, we should also see to it that our own hospitals and colleges are strengthened and improved to the highest possible degree. We have already accomplished much, but, like Napoleon, we should “think nothing gained till naught remains.”

NEXT YEAR'S HAHNEMANNIAN.—Again the circling year brings us to the closing number of the volume of this journal. The completed work is before our readers with all its excellencies and all its defects. Whatever of the former it contains may be set down chiefly to the credit of those who have so kindly aided us, and whatever of the latter to the errors of judgment of its managers and the difficulties under which they must necessarily labor. Of our own work we shall not boast. Our aims are indeed high enough, but only occasionally do we succeed in attaining to our standard. We are by no means blind to the journal's defects. The most exacting and merciless critics it has are its own editors; yet even they find satisfaction in the belief that its defects and its mistakes are diminishing and its excellencies increasing year by year.

The HAHNEMANNIAN is now to enter upon its twentieth annual volume. Whatever it has been able to do in the past, only adds to its responsibility for the future. Whatever influences for good it may have hitherto secured through the active support of leading and wise physicians, must now be employed to extend its usefulness yet further. Surely there is no lack of opportunity in these days, for the useful exercise of the highest order of homœopathic journalism, but whether this particular journal shall be able to accomplish all that might be expected of it, must depend chiefly upon the literary and financial support of its friends.

It has long been the good fortune of the HAHNEMANNIAN MONTHLY, that nearly all of the best and the best-known

writers, teachers, investigators, and practitioners of our school have been willing to contribute to its pages. While the contributions of such writers have been eagerly accepted, no systematic effort has been made to secure them. But in perfecting our arrangements for the volume of 1885, we have succeeded in securing the promised aid of more than forty of these eminent contributors, and have hope of adding a few others. Thus we shall be able to lay before our readers an average of three or four articles from distinguished writers every month. These special contributors represent all the phases and shades of homeopathic opinion, and all the departments and specialties of medicine and surgery. These papers, it must be remembered, are additional to our usual supply of meritorious contributions, of which we hope to receive the same generous proportion as heretofore.

The initial number of the new volume will probably contain articles on "The Physiological Properties and Therapeutic Uses of *Agaricus*," by Alfred C. Pope, M.D., of London, Eng.; "The Influence of Eye Diseases in the Production of Headache and other Nervous Disorders," by Prof. George S. Norton, M.D., of New York; "Memoranda from Practice," by the veteran Charles Neidhard, M.D., of Philadelphia, and our usual list of original and miscellaneous contributions. In February we hope to present important contributions to our homeopathic literature from Professor John Dowling, M.D., of New York City, on "The Diagnosis of Abdominal Diseases, with Illustrative Cases;" from Professor Aug. Korndorfer, M.D., of Philadelphia, on "The Organon," and others. And these will serve as "sample copies" of what we hope, and fully expect, the journal to be throughout the year. If the volume should contain nothing else than these contributions we should scarcely feel that we were left morally in debt to our subscribers.

The journal Editorials will continue to be upon subjects of general professional interest, which will be discussed always with a view to the advantage of the great body of homeopathic physicians, or to the welfare of local communities. Book Reviews will include either fearless animadversion or fearless praise, as may seem to be deserved. The Gleanings from current medical literature, as recently given by the *HAHNEMANNIAN*, we believe to be the best offered by any American journal of any school. We hope to make this department still better. The News pages will contain items of either local or general interest from any and all parts of

this and other countries, so far as they can be secured. Under this head we invite attention to the standing request at the head of our News columns for items of interest from any and all our subscribers.

Such are our hopes and expectations for the HAHNEMANNIAN for the coming year. We hope its efforts may be rewarded by a material increase in its subscription list, and that the year may prove a prosperous one for the journal and for all its readers.

Notes and Comments.

AN INFINITESIMAL ESCAPE.—It is reported that Dr. Schweininger has challenged Dr. DuBois-Reymond to fight a duel. The latter declines to fight with a "quack" (?). When will the rights of homœopaths be respected?

THE CHAMPION STITCHER.—Martin of Berlin, the gynecologist, excels as a stitcher. After amputating a cervix he will introduce 30 or 40 stitches; he uses silk sutures, and introduces them with marvellous rapidity and facility. In vaginal and perineal operations the same is true, reminding one of Hood's Song of the Shirt,—“stitch, stitch, stitch.”

NITRATE OF SILVER IN OPHTHALMIC PRACTICE.—When speaking of the use of mineral astringents and caustics in ophthalmic practice, Professor C. R. Agnew remarked that he does not use nitrate of silver in any form. He believes that topical applications are used to excess. He relies upon general treatment more and more each year.

SITUATION WANTED, VERY BADLY.—An advertisement recently appeared in the *Public Ledger* of this city, in which a graduate of the Jefferson Medical College, “whose religious character is above reproach,” expressed his willingness to accept a situation, for which he wants “a cash salary, in a wealthy sickly family, warranted to treat successfully dropsy, consumption, cancer.”

ERGOT IN HÆMORRHAGE.—A writer in the *Medical and Surgical Reporter*, before speaking of the therapeutic value of Hamamelis in hæmorrhages, shows how little basis there is for prescribing ergot in these conditions. Ergot not only contracts the bloodvessels at the seat of the disease, but throughout the entire system as well. Intra-arterial tension is thus increased.

JUST AS WE SUPPOSED.—Mr. Alfred Shenn recently delivered an address on the “Relations of the Medical Profession,” before the South Wales and Monmouthshire Branch of the British Medical Association, in which he speaks disparagingly of Homœopathy, and quotes approvingly the remark of Carlyle “there are 1300 millions of people on the earth, mostly fools.” After reading his remarks we believe Carlyle too. The numerical minority of the homœopaths is at last explained.

CIRCUMSTANCES ALTER CASES.—In April last, we published a paper by Dr. Thomas Shearer, of Baltimore, Md., on “A New Method of Treating Sprains.” At the time, this paper called forth no notice from the old-school medical press of this country. Slight alterations have since been made in it. It has since been sent to the London *Lancet*, and was published in the

issue of August 9th, 1884, as an original contribution. Having received the approbation of orthodoxy (*The Lancet* is orthodox if anything), allopathic journals are at liberty to copy it, without violating the code. The *Medical and Surgical Reporter* (November 15th, 1884) has availed itself of the privilege.

New Publications.

A PRACTICAL TREATISE ON DISEASE IN CHILDREN. By Eustace Smith, M.D. Published by William Wood & Co., New York. 1884.

We have not read every one of the eight hundred pages of this book, but we have examined it carefully enough to pronounce the work unexceptionally good. Plain and finished in language, clear in explanation, explicit in descriptions and directions, up to date in pathology, exhaustive of its subject,—surely these are rare enough qualifications to recommend the book to the most skeptical.

In doubtful or mooted points the author is conservative, but not wholly non-committal; he generally has an opinion of his own to present. Particularly careful is his handling of the questions as to the identity of membranous and diphtheritic croup, causes of chorea—whether lesional or not—general or local or specific character of croupous pneumonia, etc.

Directions for dietetic management are remarkably copious. In the Index "Diet" requires more than a full column. We in our school will differ with the author in some of these directions; but still we will indorse his recommendations of foods for infants—and how difficult it often is to find one suitable—and especially will we accept the diet offered in that perplexing ailment, chronic diarrhoea.

The consideration of the medical treatment we leave to those who believe in it. F.

AMERICAN MEDICINAL PLANTS; An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies. Nos. 1 to 5. By C. F. Millspaugh, M.D. Published by Boericke & Tafel. 1884. Illustrated from Drawings by the Author.

Nos. 1 to 5 of this work contain the history, preparation, chemistry, physiological effects, and also cuts of thirty plants.

Most of the drawings are remarkably accurate in outline, showing great pains on the part of the artist; but we cannot always say as much for the coloring and for their general effect. *Nymphæa odorata*, the subject of plate 18, is in outline complete, but its general impression is to us suggestive of anything but the beautiful flower it imitates. *Trifolium pretense* is not the color of any red clover we ever saw, though *Trifolium repens* is fine, as is also *Melilotus*. We never saw a *Catalpa* pod the color of that given in plate 109. *Millefolium* is good, for it is chiefly linear. The leaves of the *Epigæa repens* are one of the best, but the flower cluster is not well chosen. *Linaria vulgaris*, as colored, hardly sustains the popular name,

"Butter and eggs." The chief leaves in the *Castanea* cluster are unnaturally dark. On the other hand, the leaves of *Ampelopsis* are not dark enough. The specimen of Blood-root is colored too light a red, though the outline of the leaf is, as we found by actual comparison with a dried sample in our possession, just perfect. The drawing of *Chelidonium* shows admirably the fragile nature of the leaves and the character of the stems; the exact pale green of the leaf seems hard to imitate. Barberries may grow in and around Binghamton colored as in the plate before us, but all that we have seen are deeper and richer. *Dulcamara* is excellent in delineation and coloring; so are *Pothos*, *Euphorbia*, and *Apocynum*. But *Chelone* is coarse, *Iris versicolor* inaccurate; and as for the Milkweed it is incorrect in delineation and coloring and stiff in arrangement.

The fact is, the author needs to exercise greater care in coloring, and to cultivate that enviable tact of the artist that enables him to be accurate without too painful an adherence to the mathematical accuracy that is claimed for the plates in the work under review.

CHARACTERISTICS FOR PROMINENT REMEDIES; For the use of Students. Second Edition. By W. J. Hawkes, M.D. Published by Halsey Bros., Chicago. 1884.

All familiar with the first edition of this book will recognize the second, which differs only in being revised and enlarged.

Committing to memory symptoms that are highly characteristic of a drug, is certainly often a very effective method of study, provided, always, it is supplemented by synthetic means. Dr. Hawkes's collection is well made, and seems, so far as we have examined it, as useful as it is doubtless trustworthy.

MATERIA MEDICA: PHYSIOLOGICAL AND APPLIED. Vol. I. Trübner & Co., London. 1884.

This volume, of over seven hundred pages, contains full monographs of Aconite, by Dr. Dudgeon, *Crotalus*, by Dr. Hayward, *Kali bich.*, by Dr. Drysdale, and of *Digitalis*, *Nux vomica*, and *Plumbum*, by Dr. F. Black. Owing to the decease of the last-named physician, the duty of editing his articles and of seeing them through the press was assigned to Dr. R. Hughes.

The introduction, which is signed by all the above gentlemen, excepting of necessity Dr. Black, sets forth the principles and high claims of the homœopathic method of prescribing, gives reasons for the retention of all genuine pathogenetic symptoms, however apparently insignificant, explains briefly the supposed relation between medicines and protoplasm, elucidates quite fully the manner in which drugs act as *similia*, refers to the part our drugs play in prophylaxis, and then details the plan of arrangement of the drugs to be considered.

The original manuscripts of Hahnemann's provings not being attainable, his symptoms are omitted from the narrative, but are always incorporated in the schedules, properly marked and referred.

The several writers vary slightly in their presentations of the remedies, though, in general, the plan is to give the drug name, its synonyms, natural history, preparation, history, bibliography, etc. Poisonings are introduced in numbers sufficient for their usefulness, while provings are given in narrative and then scheduled, or in the Hahnemannian form, with numerous references, intended to preserve the order and relation of symptoms of any one proving. Indexes and sub-indexes, containing local symptoms of each part of the body, are numerous and complete. Each heading, as for instance, "Mind," "Head," is followed by a section on "Comments," and this by one on "Therapeutic Applications."

Without all this attention to detail, the massive monographs would be cumbersome and prosy and would find few readers. But as they are arranged, their study, as we know from experience, is easy and enjoyable.

We have in a previous number of the *HAHNEMANNIAN* referred to Dr. Hayward's excellent and exhaustive article on *Crotalus*, so that now we have but to direct attention to the remaining portions of the book.

Aconite, in the hands of Dr. Dudgeon, is laid bare in every minutest part, so that the student should, from its perusal, grasp its full powers as a therapeutic agent; and, indeed, we make the same statement in reference to the other remedies considered.

If we have any objections to make to the book, they are of a minor character, and do not detract materially from the general value of the whole.

But, before raising any objections, we cannot forbear expressing our satisfaction at such words as these, in the Introduction: "With respect to the sufficiency of the proof of this law, we, . . . with the result of complete conviction of the truth of the existence of a homœopathic law of specific cure." We quote disconnectedly because our only object is to bring out the employment here of the word "law." All English physicians do not call, or at least have not called it "law," but preferably, "rule." In this same Introduction it is indeed said that the "homœopathic principle is an inductive law." Now, if by this latter is meant the same as "rule," our elation vanishes. But possibly the writer of the Introduction, if it is the work of only one, believes homœopathy is of law, and not of rule; for still, again, to quote: "Although Hahnemann attempted a hypothetical explanation of this therapeutic rule, he laid no stress on it, and was content to let the rule rest on experience alone as an inductive generalization; *parallel in fact to the law of gravitation*," etc. A rule parallel to law is doubtless law itself. It may be said, in passing, that Hahnemann was not fond of calling his system a "rule," so of course the word here does not apply to him. His word was "law."

Turning attention now to remedies, we think that Dr. Drysdale is too radical when he excuses his omission of some symptoms with the extreme statement that it is "better to reject many real symptoms than to admit one false one!" Neither can we go with him when he boldly excludes marked phenomena, given on the evidence of one experimenter. This is to excise both diseased and healthy flesh to remove an inoffensive excrescence.

We are sorry, further, to find fault with Dr. Drysdale's crude and mixed prescribing, in some instances. For example, to give Kali bich. "in almost all cases of acute ulcerated sore throat, as a gargle," and often at the same time "give internally Aconite, Belladonna, or some other medicine, alternately with the gargle," is unhomœopathic in complexity and in generalization.

His suggestions for the employment of Kali bich. in diphtheria are not as definite as we have been accustomed to hear; but possibly this is because the doctor has, as he admits, "not seen virulent epidemics, such as seem more common in America."

It is not evidence of wise criticism to comment adversely on a symptom merely because it stands unsupported by other observers; and yet Hahnemann's symptom "apt to make mistakes in speaking and writing, leaves out syllables and whole words" (Nux vom.), is so condemned by Dr. Black. To his mind it is at variance with every other observation, and indicates aphasia, which is too deep a cerebral disease for Nux to cause.

If it seems at variance it is only because it is looked upon by the critic as a symptom of aphasia, and most experiments show that Nux does not profoundly affect the brain.

But is it necessarily dependent upon the disease surmised? May it not merely express a sort of cortical incoördination, and so come within the legitimate sphere of Nux?

Comments on the nasal symptoms of Nux make "prolonged epistaxis," given in the *Materia Medica Pura*, very doubtful; but another symptom of Hahnemann's, "discharge of clotted blood from the nose in the morning," is slighted entirely. Consequently the drug is passed over without any reference to its application to nose-bleed; and yet the merest tyro in the school has experience of its efficacy.

Digitalis is well handled by Dr. Black, but it contains evidence showing that each writer is responsible only for his own work; for Dr. Hughes edited Dr. Black's contributions, and this one on Digitalis contains views in direct opposition to those maintained in *The Pharmacodynamics*, and still more recently in *The Knowledge of the Physician*. Dr. Black puts forth the theory that this drug does not increase the vigor of the heart, though there is, at times, increased irritability of some of the cardiac nerves. This, he says, "is not a sign of increased normal strength or nutrition, but on the contrary, of their diminution." Firm ventricular contraction induced by the drug, manifests merely a want of coördination in the contraction of individual fibres. Who shall decide?

In passing we may call attention to a slight error in the monograph under notice: "*vide* s. 196, 197, 198," p. 440, to mean anything should be a reference to 196^a, 197^a, 198^a.

Dr. Black regards Digitalis as indicated in anæmia of the brain, rather than hyperæmia, and so not pathologically similar to inflammatory affections of brain and meninges. Still it suits in effusions from weakness of the bloodvessels and circulation, and these are decided head symptoms that are

present in some stages of inflammatory exudations. According to Hughes "the drug, when pushed in experiment, has threatened to set up meningitis." (*The Pharmacodynamics.*)

But if we say that adherence to physiological action is too rigid, made at the sacrifice of such nice drug discriminations as a Hahnemannian could make, we express nearly all our objection to the *Materia Medica* under review. The several monographs are specimens of many hours of patient toil and careful inquiry. The summarizing of Güntz's work on Chrome-water in syphilis is a masterly study, highly creditable to Dr. Drysdale, who, we presume, made it. Dr. Hayward's toil dates back more than a dozen years: his paper covers two hundred and thirty pages, and gives not only all that is known about *Crotalus*, but also many facts in comparison with other snake-poisons. *Plumbum* is more fully and clearly presented than anywhere else, and *Aconite* is complete. F.

THE PHYSICIAN'S VISITING LIST, for 1885. 34th year. P. Blakiston, Son & Co., Philadelphia.

MEDICAL RECORD VISITING LIST, or Physician's Diary, for 1885. Wm. Wood & Co., New York.

Both are convenient, both have established an extensive reputation. The new editions for the coming year are well bound, and contain excellent paper.

Gleanings.

A NEW METHOD OF UTERINE FARADIZATION.—The methods of faradizing the uterus hitherto employed, have been what are technically termed utero-abdominal, utero-sacral and sacro-pubic methods. The full effect of the current employed is not obtained by these methods, so claims Apostoli of Paris, on account of the pain produced by the application of the cutaneous electrode. To obviate this difficulty, Apostoli suggests that both poles be introduced into the uterine cavity. In this way, the whole action of the current is concentrated on the diseased organ. To accomplish this, he has devised an intra-uterine electrode or sound, the extremity of which is uncovered. This extremity contains two poles separated by a non-conducting material. The current enters as usual at the top of the sound, and its stem is composed of two metallic cylinders separated from one another by a non-conductor and each appearing separately uncovered at one of the metallic ends of the sound. The instrument is introduced into the uterus and held as far as possible in contact with the anterior wall of the organ while the current is made to pass. The advantages claimed for this method are: 1. Suppression of the cutaneous pole. 2. Concentration within the uterus of the entire electrical action. 3. Ease of operation, neither an assistant nor the patient being required to hold the electrodes. 4. Diminution of pain, owing to the absence of any application of the current to the skin. 5. Wider applicability of the method, owing to its greater ease and completeness of execution. 6. Its greater efficacy, since the highest degree of uterine contractility is obtainable with ease and the least pain from the use of stronger currents, of greater intensity and consequently more active.—*Amer. Journ. of Obstet.*, September, 1884.

RÖTHELN OR GERMAN MEASLES.—Rötheln is generally looked upon as a disease of minor importance; yet it will occasionally happen that the complications which may attend it make it a fatal disorder. In speaking of the etiology of the disorder, Dr. W. A. Edwards says that it is more apt to be epidemic than its congeners, scarlatina and measles. Its contagiousness seems to depend greatly upon the exposure and amount of the contagium absorbed. This contagium appears to come off in the cutaneous exhalations and the breath. Age, apparently, gives no immunity, although children are more frequently attacked than adults. It has been claimed that rötheln is a hybrid disease, a mixture of scarlatina and measles. This can not be, for, while one attack of rötheln gives immunity from future attacks, it affords no protection against either scarlatina or measles. The stage of incubation ranges from six to twenty days. During the stage of invasion, which usually lasts three days, the patient has chilliness, languor, faintness, headache, pain in the back and limbs, coryza, lachrymation, *sore-throat*, cough, and a hoarse, husky voice. In some few cases, nausea and vomiting, delirium and convulsions, and epistaxis are noted. The eruption appears first on the face and rapidly extends over the whole body, the existing symptoms being greatly aggravated. The rash was multifiform in character, more or less confluent, occasionally ill-defined; in color, rosy or pale-red. The rash was penetrated, small macules were noted; over the non-vascular parts the rash was elevated, producing a rough skin easily detected by the touch. The patches were very irregular in outline and shape. During the eruptive stage, the temperature may rise to 103° or 104°. Sore-throat, enlargement and induration of the cervical, post-cervical and post-auricular glands were now present. The cough was increased in severity and became more laryngeal. The tongue was coated as in scarlatina, but never exfoliates as in that disease. Cleaning in patches was the usual method of return to normal appearance. Slight albuminuria was frequently present, but never were any tube-casts found. The eruption lasted usually about five days. It was, in all cases, followed by a desquamation of furfureous scales. A delicate brownish yellow pigmentation was not infrequently observed after the eruption had subsided. The buccal cavity also partook of the general desquamation. The complications of the disease were pneumonia, bronchitis, pleurisy, gastro-intestinal irritation, enteritis, tubercular meningitis, stomatitis, and rheumatism. The eruption appearing on the third day, first, in the face, its rapid extension, its gradual shading off into the surrounding skin, its elevation, more particularly in the centre of the patch, which has also the brightest color together with the fact that desquamation first shows itself there, are points which render the diagnosis plain.—*Amer. Journ. Med. Sciences*, Oct., 1884.

SUBSCAPULAR ABSCESS.—Dr. A. N. Blodgett, of Boston, reports what he believes to be the sixth case of subscapular abscess hitherto recorded. The trouble was attributed to the strain brought on by heavy lifting. The shoulder became very lame. Pain was complained of in a region near to the spine. The symptoms increased in severity, until the patient was incapacitated for work. Finally, diarrhœa set in, the stools containing large quantities of pus. An examination showed that an abscess had formed, that the pus burrowed beneath the scapula to the wall of the thorax, with the formation of a purulent canal along the surface of the external intercostal muscle beneath the seventh rib to the margin of the ribs; localized adhesive peritonitis, perforation of parietal and visceral peritoneum and of the wall of the transverse colon, and evacuation of the products of inflammation by the rectum. The peculiar anatomical relation existing around and beneath the scapula, by reason of which purulent accumulations in this locality find an outlet with difficulty, makes the recognition of the disorder a matter of great importance. By way of treatment in these cases, it is recommended

that the pus be evacuated by trephining the scapula, or by making an incision along either of the borders of the scapula but preferably on the axillary margin.—*Amer. Journ. Med. Sciences.*, Oct., 1884.

A SUCCESSFUL CASE OF ARREST OF TUBAL PREGNANCY BY GALVANISM.—The patient consulted Dr. Paul F. Mundé during the third month of her pregnancy. Tubal pregnancy was diagnosed. At the time of the application of the galvanism for the arrest of the pregnancy, the patient was somewhat prostrated. A leather-covered button electrode was placed in the rectum and a flat sponge electrode on the abdomen over the mass. The current from twenty-four cells, frequently interrupted, was then passed through the sac. The sitting lasted ten minutes. The next morning the patient was in a condition of collapse. From this, she rallied. In the course of a few days, Dr. Mundé began the application of faradism to the sac. This was repeated daily for six days. Gradual restoration to perfect health followed, and the patient menstruated normally two months later.—*Medical Record*, Sept. 27th, 1884.

PAPAYOTIN.—Prof. Finkler (*Medicinisch-Chirurg. Centralbl.*) has recently experimented on a specimen of papayotin, obtained from South America. Preparations of this specimen dissolved one-thousand times its weight of fibrin in a short time, the digestions taking place in acid, alkaline and neutral media and in water; most rapidly in the last. This last property makes it especially useful for rectal alimentation, since the reaction of the secretion of the large intestine will exert no unfavorable influence upon the action of the ferment. The digestion of albumen took place at 40° C.

Papayotin rapidly causes a solution of diphtheritic membranes, so that they are thrown off or can be easily removed. After the solution of the membrane, the temperature falls rapidly. Prof. Rossbach says that one who does not use papayotin for dissolving croupous or diphtheritic membranes, either treats his case badly or has no papayotin. It acts very favorably in cases in which the larynx and trachea are invaded by the membrane. Rossbach also asserts that the action of papayotin on the membranes causes a decline of fever in these cases.—*Med. News*, Oct. 4th, 1884.

EXPERIENCE WITH THE HYDROCHLORATE OF COCAINE.—The experience of Dr. Knapp, respecting the effects of Cocaine hydrochlorate on the eye, confirms that of Drs. Agnew, Minor and Moore, previously reported. Experimenting on other regions of the body, he found that in a case of painful polypus auris after removal of exostosis, the sensibility in scraping out was decidedly diminished in the superficial layers but not in the depth after two instillations of Cocaine. Ten minutes after spraying and brushing the soft palate, instruments could be passed over it without pain or reflex phenomena. Application to the nose destroyed the sense of smell and rendered the mucous membrane insensible. In a case with irritation in the larynx, inhalations of Cocaine spray relieved a troublesome cough. After injecting a sensitive urethra, sounds could be introduced without unpleasant effects, either during or after the operation.—*Medical Record*, October 25th, 1884.

Before operating in a case of double laceration of the cervix uteri, Dr. William M. Polk, after carefully cleansing the cervix, its canal and the adjoining vaginal walls, painted them with Cocaine hydrochlorate. Proceeding with the operation indicated, which lasted forty minutes, the patient experienced no pain until within the last ten minutes of the same. Dr. Polk is at present making investigations respecting the effect of the drug when applied to the cervix and upper part of the vagina during the severe pains of the first stage of labor.—*Medical Record*, November 1st, 1884.

Dr. Claiborne reports two cases, in one of which Dr. Gruening removed

a pterygium inroaching on the cornea, and, in the other, removed the hypertrophied mucous membrane from an inferior turbinated bone, without causing pain in either instance.—*New York Medical Journal*, November 1st, 1884.

Dr. Levis, in a case of specific ulcer of the tongue, made an application of a four per cent. solution to the diseased surface. In the course of a short time he was able to cauterize the part with nitric acid without causing any pain.—*Med. News*, November 8th, 1884.

Dr. Bosworth has noticed that when the solution is applied to the nasal mucous membrane, it is followed in about twenty or thirty seconds by a very notable contraction of the venous sinuses underlying the part which it reaches, and as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolute outline.—*Med. Rec.*, November 15th, 1884.

INFANT FEEDING.—Dr. H. R. Bigelow reports several cases of gastrointestinal disorders in infants in which the mixture of Mellin's food with the milk was followed by prompt recovery of the patients.—*Arch. Pediatrics*, July 15th, 1884.

A NEW SYMPTOM OF LOCOMOTOR ATAXY.—Dr. Julius Althaus has recently noticed that very early in the course of the disease, in some cases even before the ordinary gait is affected, ataxic patients lose the power of walking backwards.—*Br. Med. Journ.*, October 11th, 1884.

LARGE DOSES OF IODIDE OF POTASSIUM.—Dr. E. C. Seguin makes a strong plea for the administration of very large doses of iodide of potassium as a remedy for the later lesions of syphilis, especially syphilis of the nervous system, when the usual doses fail. By very large doses he means from one hundred to three hundred grains of the drug daily. He administers the salt, well diluted in a feebly alkaline water, and when the stomach is empty.—*Arch. of Medic.*, October, 1884.

TREATMENT OF TAPE-WORM.—In order to effect the expulsion of tape-worm, Dr. Bernard Persle administers one drop of Croton oil, and a drachm of Chloroform, suspended in an ounce of Glycerin. This may be taken on a full stomach. The medicine is best given in the morning before breakfast, and no preparatory treatment is required, excepting half an ounce of Rochelle salt on the evening preceding the removal.—*Med. News*, October 11th, 1884.

ACTION OF SULPHATE OF QUINIA ON THE BLOOD.—Observations made by Dr. Hobart A. Hare, apparently prove that the white blood-corpuscles are stopped in their migratory movements by the Sulphate of quinine; at any rate in regard to passing through the wall of the bloodvessel. This stoppage of migration is due, not to any action on the corpuscle itself, but to the contraction of the muscular coat and the decreased heart-power. The contraction of the bloodvessel is due to the direct action of the drug on the muscular coat, and is entirely independent of any vaso-motor action.—*Phila. Med. Times*, October 18th, 1884.

TREATMENT OF ACNE AND ACNE ROSACEA IN THE MALE SUBJECT.—Dr. S. Sherwell believes that acne is, in very many instances, reflex from urethral or gastric irritation. He gives in detail the histories of two very aggravated and very obstinate cases of this disorder. In both patients the urethra was very sensitive, especially so at about the junction of the mem-

branous portion with the prostatic. Cold sounds were passed every third day. The improvement in the appearance of the face of both patients was certainly little less than marvellous.—*Journ. Cutan. and Vener. Dis.*, November, 1884.

THE INFLUENCE OF DIET ON HEADACHE.—Haig reports at length a peculiar case of migraine which had long resisted treatment and was finally cured by strict adherence to a vegetable diet. Meat seemed to act upon the patient as a veritable poison.—*N. Y. Med. Journ.*, October 25th, 1884.

ARSENICUM OLEATE melted in the proportion of one part of the former with nine parts of lard as an unguent-base, or one part in four, according to the strength desired, forms the ointment of Arsenic. oleate. According to Dr. John V. Shoemaker, it is both a valuable alterative and escharotic, but should always be used with caution. In ulcerating epithelioma it is one of the very best of remedies, by reason of its being better borne on the parts for a longer period than any other form of Arsenic. In lupus it is especially serviceable, destroying by its constant application cell-infiltration in a comparatively mild and painless manner. In the erythematous and tubercular forms of lupus, the parts should be thoroughly scraped in order to bring the oleate in contact with the abraded surface. In old ulcers, especially those of a scrofulous nature, the Arsenic. oleate ointment is of great utility.—*Br. Med. Journ.*, October 18th, 1884.

ALCOHOLIC INJECTIONS IN UTERINE HÆMORRHAGE.—In a case of post-partum hæmorrhage, when the usual remedies were not available. Dr. Thomas F. Hopgood soaked a napkin with whiskey and introduced it into the uterus. The uterus immediately contracted, the bleeding ceased, and the patient made a good recovery.—*Br. Med. Journ.*, Oct. 25th, 1884.

OSMIC ACID IN EPILEPSY.—Wildermuth has used Osmic acid in the form of Osmiate of potassium in thirteen cases of confirmed epilepsy. Under its influence, the attacks diminished in frequency, but in one instance only was complete immunity conferred.—*Analectic*, October, 1884.

FRECKLES.—Freckles or lentigo may sometimes be made to disappear by an application of Citric acid night and morning. Dr. Duhring reports the application of emulsion of almonds, night and morning, to be the most satisfactory treatment, and advises its continuance until a slight amount of desquamation takes place.—*Medical Record*, October 18th, 1884.

News, Etc.

DR. GEORGE F. FOOTE has opened a home at Stamford, Conn., for the cure of alcoholism, opium eaters, nervous affections, etc.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.—The officers of this Society for 1884-85, are: *President*, Henry Tucker, M.D., of Brattleboro; *Vice-President*, James M. Sanborn, M.D., of East Hardwick; *Secretary*, Charles A. Gale, M.D., of Rutland; *Corresponding Secretary*, G. E. Sparhawk, M.D., of Burlington; *Treasurer*, William B. Mayo, M.D., of Northfield; *Censors*, H. C. Brigham, M.D., of Montpelier, H. E. Packer, M.D., of Barre, and F. W. Halsey, M.D., of Middlebury; *Auditors*, H. W. Hamilton, M.D., of Brandon, James M. Van Deusen, M.D., of Waitsfield, and M. L. Powers, M.D., of Richmond.

CHOLERA IN PARIS.—The daily record of deaths from cholera since the outbreak of the epidemic in Paris is as follows: First day, 1; second, 14; third, 33; fourth, 69; fifth, 98; sixth, 89; seventh, 81; eighth, 75. Total for eight days, 460; daily average, 58 nearly. The Municipal Council has voted an appropriation of 50,000 francs for the furtherance of the adoption of sanitary measures in private houses.

M. Ricord, at a recent meeting of the Académie de Médecine, made what he described as a confession of faith. He had witnessed all the epidemics of cholera, the first (in 1832) included. At that time there were 600 patients in the hospital where he was physician, not one of whom, either before the entry or during the residence of the cholera-patients, was attacked with cholera. Not one of the nurses, male or female, nor of the medical officers caught cholera. Dr. Ricord adds that during this epidemic, he did not see any facts which led him to believe that cholera is contagious. His conviction remains the same after studying the subsequent epidemics, and he is strongly opposed to quarantines, which are irksome and useless.

HOMŒOPATHY IN AUSTRALIA.—The homœopaths in Australia have in process of erection a hospital, which, when completed, will, though not the largest, be the most effective building in Australia. This is the first homœopathic hospital in the Southern Hemisphere, and all that is wanted in Australia now is a supply of *young, earnest, genuine* homœopathic physicians. There is a good field and any amount of room all over the colony. Melbourne alone could take a number, although there are about 250 doctors of the old school practicing in that city. The homœopaths only number some half a dozen, who are very independent and have as much as they can attend to. The hospital authorities are now in search of a suitable resident physician.

CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.—At the annual meeting of this society the following officers were elected: President, Dr. S. R. Geiser; Vice-President, Dr. H. W. Hawley; Secretary, Dr. J. P. Geppert; Treasurer, Dr. M. M. Howells. Dr. J. P. Geppert will read a paper at the next meeting (first Tuesday of December) on Vocal Hygiene.

PERSONAL.—Dr. T. P. Wilson, editor of the *Medical Advance*, has been quite ill for some months past.

Dr. John M. Foster has returned from his studies in Europe, and located in New Orleans to treat eyes, ears, and throats.

REMOVALS.—Dr. M. S. Williamson from 29 N. 11th Street to 1311 Arch Street, Phila.

Dr. Maria N. Johnson from 559 N. 16th Street to 1732 Green Street, Phila.

Dr. O. S. Haines from 151 to 137 N. 15th Street, Phila.

Dr. Mary Branson to 1719 Arch Street, Phila.

Dr. Horace E. James from 719 S. 9th Street to the office of the late Dr. George Hosfeld, 1229 S. 8th Street, Phila.

Dr. J. R. Horner, from Ward's Island Hospital, New York, to the Pittsburgh Homœopathic Hospital.

THE HOMŒOPATHIC DEPARTMENT OF IOWA UNIVERSITY opened with a larger class than last year.

THE ANNALS OF SURGERY will commence publication in January, 1885. It will be issued simultaneously in this country and Great Britain under the editorial charge of Dr. Lewis Pilcher and Mr. C. B. Keetley. It will be issued monthly, each number containing in the neighborhood of 100 pages. J. H. Chambers & Co., of 405 N. 3d Street, St. Louis, are the publishers. The annual subscription price is five dollars.

THE THERAPEUTIC GAZETTE will, in future, be edited by Dr. H. C. Wood of Philadelphia. The office of publication will remain the same as heretofore, George S. Davis, Detroit, Mich.

WANTED, by Dr. Joseph C. Guernsey, 1923 Chestnut Street, Phila., one copy each of the numbers of this journal for August, 1879, and January, 1880.

NEW YORK OPHTHALMIC HOSPITAL.—During the month ending October 31st, 1884, 5075 prescriptions were made. The number of new patients was 916; patients resident in the hospital, 22; average daily attendance, 151; largest daily attendance, 265.

THE NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY held its first semi-annual meeting at Manchester, N. H., November 1st, 1884. Dr. T. Rogers of Plymouth, in the chair, Dr. B. F. Bailey of Manchester, acting as secretary. Nearly every physician presented interesting cases, and all joined in their discussion. Among those present were Drs. Ellis of Nashua, Hinds of Milford, Lindsay and Wiley of Laconia, Smith, Porterwood and Campbell of Manchester. Regrets were received from Drs. Gallinger, Morrill, Darling, Adams, Kempton, Whittle and Webb. Since the last meeting, Dr. Gallinger has been elected to the national House of Representatives, and Dr. Hines to the State Senate. The next meeting will be at Lake Winnepiseogee, in June, 1885.

THE CITY EYE AND EAR DISPENSARY OF BUFFALO, N. Y., has been removed to 562 Washington Street, the managers having secured more commodious accommodations in this locality. The institution is free to the worthy poor, and is open daily at 3 P.M. Dr. F. Park Lewis continues as surgeon in charge.

A NEW BOOK BY DR. WINSLOW.—Dr. W. H. Winslow of Pittsburgh, Pa., has in press, to be ready for issue early in December, a new book entitled *Cruising and Blockading: A Naval Story of the Late War*. It is a vivid description of the life and adventures of a naval officer in the grades from midshipman to lieutenant. It is founded upon a carefully kept diary of war times, and will prove not only instructive, but also highly amusing to both old and young readers.

HOMŒOPATHY AT THE NEW ORLEANS EXPOSITION.—Messrs. Boericke & Tafel, the homœopathic pharmacutists, expect to exhibit a full line of their wares at the great Cotton Centennial about to open at New Orleans. We learn also that the Triturator invented by Mr. Witte of Cleveland, O., will be included in the United States Government's Patent Office exhibit.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES is the title of an encyclopedic work announced for early publication by Wm. Wood & Company of New York.

OPENING OF THE NEW WING OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.—The new wing of the Massachusetts Homœopathic Hospital, just completed, was opened on the evening of November 17th, with a grand house-warming, and the inauguration of a fair for the sale of useful and fancy articles for the benefit of the institution. Among the distinguished guests present were Governor Robinson, Ex-Governor Rice, Mayor Martin of the city of Boston, Hon. R. S. Frost, Hon. Charles R. Codman, and many others. More than a thousand people were present, and the occasion was one of general enjoyment and mutual congratula-

tion. This hospital is regarded as a perfect gem among similar institutions, and the success which has thus far signalized the efforts of its friends will surely add materially to the influence of homœopathy in that State, and promote the work of clinical instruction in connection with the Boston University School of Medicine.

LAYING THE CORNER-STONE OF HAHNEMANN COLLEGE.—The Masonic ceremonies attending the laying of the corner-stone of the new building of Hahnemann Medical College, of Philadelphia, occurred on the afternoon of November 6th, 1884, having been postponed from October 30th, because of a heavy rain storm prevailing at that time. The ceremony was performed by Conrad B. Day, Right Worshipful Grand Master, assisted by other officers of the Grand Lodge of Free and Accepted Masons of Pennsylvania, in the presence of a large number of physicians and other friends of the college. Upon the conclusion of the impressive ceremonies, an address was delivered by Hon. Robert E. Pattison, Governor of Pennsylvania. The following poem, prepared for the occasion, was then read by the venerable Charles E. Toothaker, M.D., of Philadelphia.

IN UNION THERE IS STRENGTH.

And all the wall was joined together. For the people had a mind to work.—
NEHEMIAH, iv., 6.

THY broken walls, Jerusalem,
Lay desolate and bare,
And charred with fire thy lofty gates,
Were ne'er the gateman's care.
Thy turrets high, thy towers strong
Lay scattered o'er the ground,
And heaps of rubbish only told
The where thy place was found.
The prophet stood. He looked upon
Thy ruins as they lay;
He saw thy walls of massive stone
Fast crumbling to decay.
His heart was moved. He cried aloud,
"God's people fly to save
The city of his Israel,
The city of the brave!"
His cry was heard. Thy people long
In anguish and despair
Had brooded o'er those broken walls,
Nor felt their God was there.
We come! we come! they shout aloud,
Nor do they long delay,
Prepare their shoulders for the work,
Their armor for the fray.
Each against each, now labors well;
New walls of strength to raise.
The merchants with the merchants vie,
And servants vie with slaves.
All arts, all trades, together join,
All labor is as one.
Thy daughters e'en, to build thy walls,
Leave household cares undone.
See there the goldsmith, who was wont
To work at costly ore;
He leaves his jewels and his gold,
To turn the granite o'er.

The druggist too has left his drugs;
 The tradesman left his trade.
 'Tis thus the city's wall is built,
 And her foundations laid.
 With joy they labor, and the wall
 Is with such speed repaired,
 That all employed together there,
 This commendation shared—
 "The people had a mind to work,
 Therefore the work begun.
 The people had a mind to work,
 Therefore the work is done."

And so may every Homœopath
 Each prejudice forego;
 And build the wall of truth and right,
 'Gainst every guileful foe;
 And e'er within these college walls,
 May every virtue reign,
 And liberty and law unite,
 And truth our cause maintain.
 For never with detraction's breath,
 Shall we be proved to be,
 The followers of Hahnemann,
 Champion of Liberty.

The exercises were concluded by the singing of Nahum Tate's grand doxology, beginning:

"With one consent let all the earth
 To God their cheerful voices raise,"

a hymn which has furnished a theme of Christian praise for a hundred and ninety years. The singing was led by the students of the college, the whole audience joining in the inspiring notes of "Old Hundred."

The corner-stone is located "at the northeast angle of the foundation," on a level with the upper portion of the basement-window. It has no external mark or appearance to distinguish it. It contains the following articles:

1. Portrait of Samuel Hahnemann.
2. Bronze Medal of Samuel Hahnemann.
3. *Organon of Homœopathy*, by Samuel Hahnemann.
4. Charter and Statutes of the Hahnemann Medical College and Hospital.
5. Thirty-seventh Annual Announcement of the Hahnemann Medical College, with list of Officers and Faculty.
6. List of Alumni of Hahnemann Medical College.
7. Copies of the HAHNEMANNIAN MONTHLY and *Homœopathic Physician*.
8. Views of the old College and Hospital Buildings.
9. History of Homœopathy in Pennsylvania, as presented to the World's Convention held in Philadelphia in 1876.
10. Copy of Ground Plans and Elevations, with descriptions of the new Hahnemann Medical College and Hospital Buildings.
11. *Public Ledger Almanac* for 1884, with list of Officers of City of Philadelphia, and Government of State of Pennsylvania and of the United States.
12. *The Keystone* (Masonic paper).
13. Copies of Philadelphia daily papers for October 30th, 1884.
14. Programme of Proceedings of laying Corner-stone, with list of Officers of Masonic Order of Pennsylvania.
15. Medals in Commemoration of the Centennial Exhibition of 1876, and of the Electrical Exhibition of 1884.
16. Coinage of United States Mint for 1884.

THE PHILADELPHIA HOMŒOPATHIC LIBRARY AND READING-ROOM ASSOCIATION, on Thursday evening, November 20th, celebrated the third anniversary of the founding of the library, by tendering to its friends a microscopical exhibition, embracing numerous interesting and instructive pathological and other specimens, with finely prepared specimens of tubercle bacilli and other "disease germs." It was gratifying to observe that while but few of the older physicians were present, the progressive, younger element was well represented by many of the ablest, rising men and women of the profession. The library still deserves the hearty and substantial support of homœopathic physicians and laymen.

OBITUARY.—GEORGE HOSFELD, M.D.

DIED.—Dr. George Hosfeld, of Philadelphia, on the morning of November 9th, at Cape May Point, N. J., whither he had gone for needed rest.

The doctor had for about two weeks suffered from what appeared to be but a mild attack of typhoid. He was, seemingly, making a favorable convalescence, when, owing to a slight exposure, a relapse ensued which terminated fatally within a few days.

Dr. Hosfeld early evinced a decided leaning toward the sciences, and even as a boy found delight in astronomy and kindred studies, frequently spending hours during the coldest nights of winter upon the housetop that he might pursue this, his favorite study. His talents for music and the fine arts were marked; in music he became, as a youth, noted for his ability. As he reached the age of manhood, his thoughts turned more and more toward medicine as his lifework. He became a matriculate of "The Hahnemann Medical College of Philadelphia" in 1868, from which institution he graduated three years later, soon after locating in the southern section of this city. He soon obtained practice, and among a large clientele he was held in the highest esteem. In his death the profession have to mourn the loss of a true physician, a sincere homœopath, and a perfect gentleman, his family a faithful son and brother, his wife a devoted husband, his patients a most earnest and faithful physician.

PHILADELPHIA, November 12th, 1884.

At a meeting of the Bönninghausen Medical Club of Philadelphia, the following preamble and resolutions were adopted:

Having been called upon by the will of Providence to part with our esteemed companion and trusted friend, George Hosfeld, M.D., we present the following resolutions:

1. That, during his life, we recognized in him the qualities which make the honest man, the cherished friend, and the conscientious physician, and, in his untimely death, we bow to the Divine will which has removed from our midst one so fully qualified to adorn his chosen profession.

2. That we extend our heartfelt sympathy to his bereaved family for the removal of a loved husband and relative, and to the community at large for the loss of a beneficent friend.

3. That an engrossed copy of these resolutions be sent to his wife; that they be printed in the *HAHNEMANNIAN MONTHLY* and *Homœopathic Physician* of Philadelphia, and that they be entered in the journal of this society.

THOMAS S. DUNNING, M.D., Pres.	GEORGE W. SMITH, M.D., Sec.
GEORGE S. PARKE, M.D.	L. F. SMILEY, M.D.
WILLIAM M. ZERNS, M.D.	SAMUEL F. TRINKLE, M.D.
GEORGE W. PARKER, M.D.	DUNCAN MACFARLAN, M.D.
F. BUCKMAN, M.D.	JAMES HANCOCK, M.D.

OFFICE OF THE *HAHNEMANNIAN MONTHLY*, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.

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